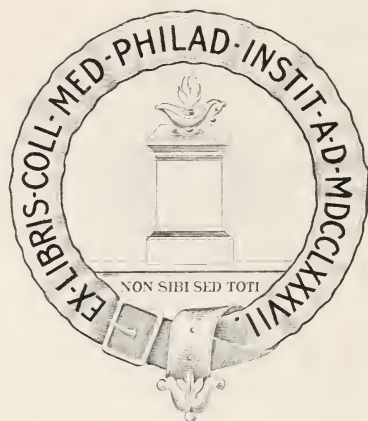


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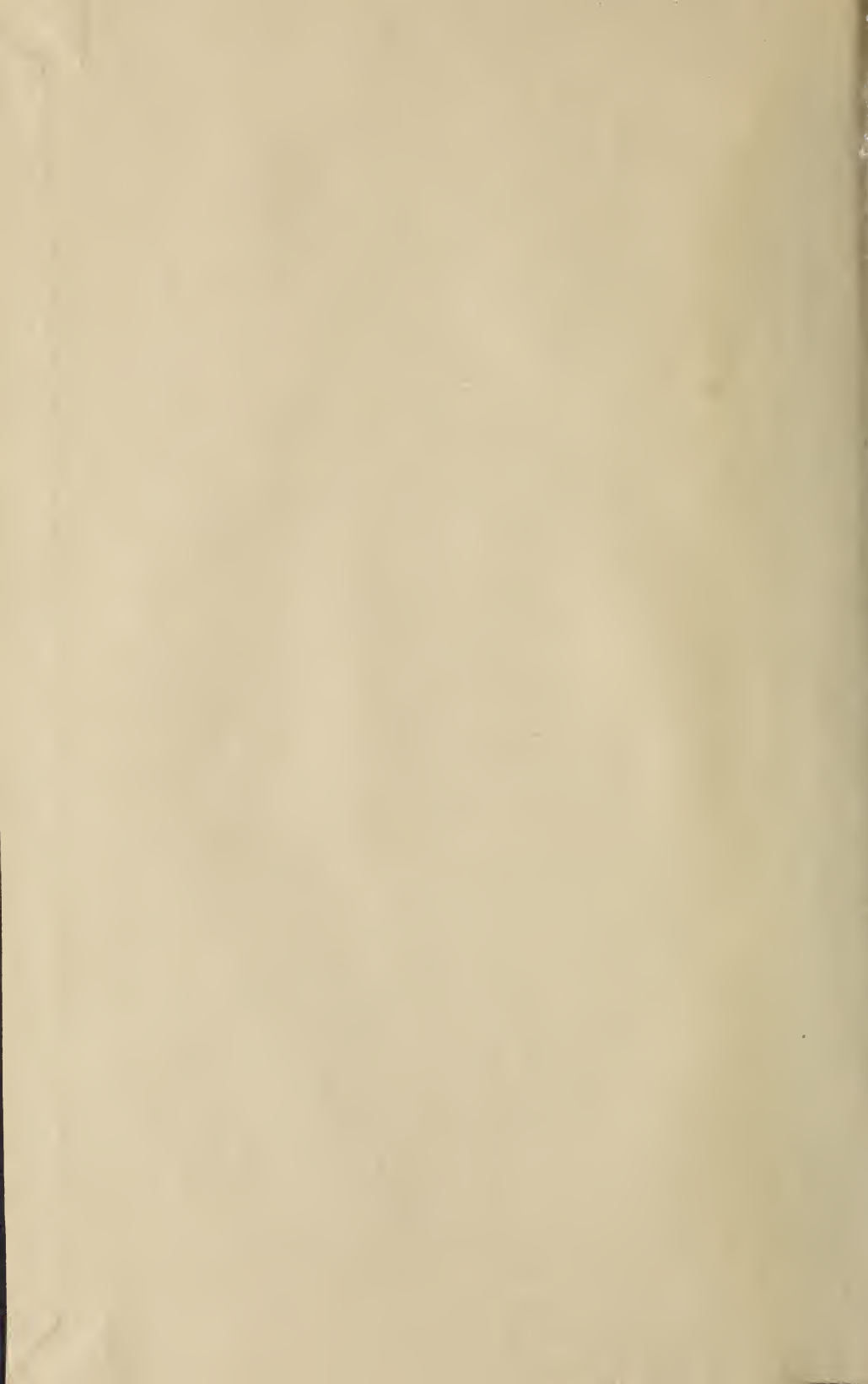
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JANUARY, 1922

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DR. GEO. E. MALSARY, Editor

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TREATMENT OF CANCER OF THE ANUS, RECTUM, AND COLON *

By C. P. Thomas, M. D., Los Angeles

General surgeons are often called upon to operate for carcinoma of the anus, rectum, and colon, so I will try to outline and describe a reasonably safe and practical method of taking care of the several kinds of these cancers. When I speak of kinds, I refer to their location and extent rather than their pathology.

The diagnosis of the ordinary annular malignant stricture of the colon before complete, or nearly complete obstruction has taken place, is most difficult, the majority being found by accident while operating for some other intra-peritoneal condition.

Alternating constipation and diarrhea, the feces being streaked with blood, are the chief symptoms presenting, until mass formation and obstruction appear, even X-ray findings being of little value until this latter stage is reached. It therefore be-

hooves us to have at all times a definite plan of procedure in mind, for the care of these conditions, at whatever portion of the colon they may be found.

When a surgeon is surprised by finding some unusual and unexpected pathology during an operation, particularly if it is of a dangerous character, it is a most severe test of his skill.

Cancer confined to the anal inch alone is rather rare, and is usually detected before it has penetrated deeper than the mucosa. If these cases are seen this early, the mucosa and other tissue should be superficially cauterized to prevent spread of cancer infection there, and excised down to the anal sphincter.

The lower rectum is then loosened up, largely by blunt dissection, and brought down through the anus and

*Read before the San Bernardino County Medical Society, January 3, 1922.

attached to the skin, posterior drainage external to the sphincter being provided. The sphincter action in these cases is seldom perfect, but is better than a sacral or abdominal colostomy.

If the disease is not operated until the sphincter is involved, the Percy treatment by long continued low heat is advised. I have seen two such patients treated by cautery, who have gone on a long time without recurrence, and with but little discomfort, the stricture following the cauterization serving as a fair sphincter.

Small malignant ulcers in the lower part of the rectum should be removed by the cautery knife at rather low heat, being careful to heat the ulcer base rather deeply, the burnt area being oversutured by chromic cat-gut.

This operation may, when necessary, be greatly simplified by making an incision through the skin and fascia external to the sphincters, and inserting a finger through it, in such a way as to force the ulcer area out through the arms externally, where it can be cauterized and overturned as above described.

More extensive malignancy involving the lower half of the rectum and the anal mucosa only, may be excised by the Kraske method (with or without coccygeal resection, depending upon the extent of the involvement). The upper end of the rectum is brought down into the anal groove, the end burnt to prevent grafting of the malignancy, and fastened there by suture. A posterior drain is here also provided to permit free discharge of serum.

In this modified Kraske operation the perineum proper must first be widely split, and repaired after the resection is completed and the bowel well sutured in its new position. A posterior drainage is here also pro-

vided to permit free serum and necrotic tissue drainage.

In cancer, which is entirely confined to the upper segment of the rectum, (which can only be proven by abdominal exploration), a Kraske is done and the lower sigmoid is attached to the thoroughly dilated anal mucosa, either with or without a tube. Of course, when the involvement includes the anus it must all be excised and the sigmoid brought out at the lower end of the sacrum in the space formerly occupied by the coccyx.

Posterior drainage must here be provided for, and great care observed to avoid opening the bladder or urethra. In the male, a catheter is kept in the urethra as a guide during the operation.

In either high or low rectal cancer of the female, the Murphy operation of splitting the perineum and recto-vaginal septum up to the cul-de-sac gives ample room for complete resection, particularly in a woman who has had a child, and has a large, roomy vaginal outlet.

This procedure is reasonably simple, much more so in fact than the posterior incision.

When the growth is in the lower sigmoid and not yet obstructive, the combined low and high operation with a tube can be done at one sitting. This operation, however, has a high death rate and is now seldom advised.

In these cases, after complete removal of the growth and adjacent glands from above, a large rubber tube with end and side perforated, is introduced into the proximal end of the gut two inches, and sutured there by a continuous purse string of cat-gut.

The other end of the tube is passed from above, through the rectum and anus, and drawn down until the proximal end of the gut and rectum ap-

proximate, and the ends are sutured together, with interrupted linen thread.

Then by making traction on the protruding portion of the tube, the sigmoid cut end is slightly invaginated into the rectal end, and fastened there by Lembert stitches placed all around the tube.

Drainage above should be provided, but none below. The description of this operation reads simple, but it is in fact very complicated, owing to the fact that these cases are seldom brought to operation before extensive adhesions and large glands are present. In one such case I had to sever the ureter and transplant it into the bladder in order to make a thorough dissection of all the diseased tissues.

A colon filled with hard feces which could not be emptied through the stricture, and will not pass through a tube, is another bad complication which must be dealt with previous to placing the tube. This filled colon can be emptied by a milking process or a temporary colostomy done at the same time, but either of these procedures greatly add to the danger of the operation.

When the tumor is a little higher up in the sigmoid, the growth can be removed through an abdominal incision, after ligating the inferior mesenteric artery and removing the mesenteric glands and gland-bearing tissue thoroughly, avoiding, if possible, the superior hemorrhoidal artery. Here one of three procedures are followed.

First, if there is enough healthy gut below the tumor to permit it, the entire mass is delivered through a mid-line incision. This is known as the Mikulitz method. The healthy segments of the bowel above and below the mass are approximated laterally by suture, to prevent a knuckle of bowel becoming engaged.

The peritoneum of the pelvic cavity on the left side of the growth is carefully brought across in such a way as to form a diaphragm on that side to prevent a segment of gut becoming adherent thereto. In fact all raw surfaces are covered by suture.

The peritoneum is now sewed snugly to the normal gut down all around the growth. Also the muscle and skin are likewise fastened to the healthy portion of the gut as low as possible.

The entire mass is left outside of the wound for two or three days, then excised with a cautery down to the skin and healthy gut. If there is too much suffering from gas, the protruding gut can be punctured after 24 hours. The two bowel ends presenting in the incision after the growth has been removed resemble the end of a double-barrel shot gun.

In four or five days a clamp is placed on the spur with one blade in each barrel, and left there until it cuts out the partition, thus re-establishing the normal fecal current.

If the resulting fistula does not close, it can be made to do so by suturing.

Secondly, if the mass can be brought up, but with too much tension on the lower gut segment, owing to its shortness, the shot-gun effect can be established at the primary operation, the two ends being ligated and cauterized before placing them in the incision. The ligatures are left on 3 or 4 days. The upper one may be left on longer by doing an appendicostomy at the same time, and keeping a rubber tube in the appendix to allow gas to escape.

The spur is clamped later, as above described, and the resulting fistula closed.

These operations are not suitable where complete obstruction with a full

colon exists. All such must be preceded by a temporary colostomy.

Thirdly, where the growth is extensive, even involving the vagina and uterus, we proceed as follows: Through a long midline incision bring up the gut well above the growth, and cut it in two with a cautery between two ligatures, thus sterilizing the cut ends with the heat. Fix the proximal end of the gut in the upper end of the incision near the navel. In order that the ligature may be left on a few days to prevent infection, provide gas drainage by means of an appendicostomy.

The mesentery of the distal end, which is the involved portion, is then severed and the entire mass is pushed well down into the pelvis. A new peritoneal diaphragm is made by cross suture, so the mass is entirely isolated from the general cavity. About seven days later the second operation is done, consisting of a complete Kraske, removing all diseased tissue below the new diaphragm, except the ureters and urethra. A part of the bladder wall may even be excised and sutured at this time.

This operation, of course, leaves a permanent high midline colostomy, which is about the least objectionable kind, and most easily cared for.

Cancer in the descending colon is best treated by the Mikulitz two-stage operation described above, but care must be observed to prevent destroying the colic branch of the inferior mesenteric artery, or the gut may slough.

Malignancy of either transverse or flexure of the colon should have the same treatment.

Malignancy of the capit coli is a rather common condition, and should be completely excised, and the ileum united to the colon by the Mayo method.

This method consists in dropping one-half of a Murphy button into the new head of the colon, before completely closing the end by double suture, putting the other half of the button into the end of the ileum, and uniting them through a small puncture on the front surface of the colon.

When a resection of any portion of the colon has been made, there must of necessity be doubt as to whether the removal of the malignancy has been complete, and we advise that radium be used in proper doses, passed through the drainage tube or colostomy to the doubtful tissue within a few days of the operation.

When the malignancy is extensive and high enough in the gut to permit it, lateral anastomosis with radium treatment of the mass through well placed rubber drainage tubes is advised. Our experience with radium has been limited, but we consider it worth trying.

The liberal use of the Payrs clamps and actual cautery, are most important factors in this surgery, the cautery preventing the cut ends of the gut from infecting other tissues and from having cancer ingrafted upon them.

It is also advisable to remove all cystic ovaries and all ovaries from women who are still ovulating, when operating for any intra-abdominal cancer, to prevent grafting of cancer on the cyst base, or at the sites of the old Graafian follicles.

These various procedures have a definite field of usefulness, and each should be well understood by all general surgeons. In one clinic where they are practiced by the surgeons, the death rate, even when the entire segment of the gut was involved has been reduced to 9% and notwithstanding, that most of these people are old,

many have gone for five years or more without recurrence.

I have some who are well at the end of four or five years, and my immediate death rate has not been high, considering all the circumstances under which this work was done.

The expediency of a simple colostomy, with no attempt at the removal of the pathology, is now seldom justifiable.

The operation here described must not be done by a haphazard or uncertain method, but with a definite object in view, a thorough knowledge of the anatomy involved, reasonable speed, and thoroughness.

The more radical procedures are not to be done where there is a general malignant involvement of the intra-peritoneal organs.

Tabulation of Children's Year Weighing and Measuring Tests Shows Heights and Weights of American Children

The largest mass of data on the heights and weights of children under 6 years of age ever brought together in this country has just been made public by the U. S. Department of Labor through the Children's Bureau. The report entitled "Statures and weights of Children Under Six Years of Age," is based on records secured with the cooperation of individuals and organizations throughout the country in connection with Children's Year. Besides showing the present average heights and weights of the younger children of America, these records form a basis for measuring future progress in physical development. Of the 172,000 records tabulated, all of which met certain requirements as to accuracy and completeness, 167,024 were records of white and 4,976 records of Negro children.

Boys under 6 years of age were found, according to the report, to average from one-third to one-half an inch taller and to weigh about a pound more than girls of the same ages. They were also heavier than girls of the same stature. California children were found to be slightly taller and heavier than other groups in the study—a difference for which climate or some factor other than the nationality composition of the population, which closely resembles that of other

parts of the country, is held responsible. The shorter stature noted in the New York City group, is, however, attributed to the presence in that group of a larger proportion than in the country as a whole of short-statured races, such as the Italian and Jewish.

A selected group of children of native parentage showed very little deviation in average height and weight from the averages of the larger group including both children of native and those of foreign-born parents. Children in rural areas slightly exceeded the average for city children in both stature and weight, while the heights and weights of Negro children under 4 years of age as compared with white children of the same ages showed a deficiency in weight of 11 ounces for boys and 9 ounces for girls, and stature deficiencies of two-fifths and one-fifth inches respectively. These deficiencies, greatest at 1 year of age and under, may result from the poor nutrition and unfavorable social and economic conditions that cause a high mortality rate among colored infants, or, perchance, may be due to a racial difference in rate of growth. At five years of age practically no difference in average height and weight is found between white and Negro children.



DR. LINDLEY

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This journal endeavors to mirror the progress of the profession of California and Arizona

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EDITORIAL

DR. LINDLEY

Generally acknowledged the Nestor of Medicine in Southern California, Dr. Walter Lindley, died at his residence, 2007 South Figueroa Street, Los Angeles, Tuesday, January 24, 1922, at the age of seventy years and eleven days. Friday, the twentieth instant, a hemorrhage in the internal capsule caused paralysis of the arm and leg. At the time this occurred he had a cold. Pneumonia developed, causing a temperature of 105° Sunday night and 103° the next morning. Despite a wonderful resistance, the heart was unable to withstand the strain, and our friend passed away peaceably. Well known as the friend of the young men of the profession, Dr. Lindley has left a very large circle of those who will be peculiarly interested in a sketch of his remarkable life and achievements.

Born in Monrovia, Indiana, January 13, 1852, of Scotch, English and

Dutch descent, Dr. Lindley was a student at Keene's School of Anatomy, Philadelphia, 1872-3, and at the Long Island College Hospital, receiving his M. D. degree from the latter institution in 1875. He was ambulance surgeon in the City of Brooklyn and an interne at the Eastern District Hospital at Brooklyn. Formerly health officer of the City of Los Angeles 1879, and a member of the Board of Education of Los Angeles 1880-81, president of the Board of Trustees of the Whittier School, vice-president of the National Conference of Charities, director of the Farmers and Merchants National Bank, member of the State Board of Health, and of the Library Board of the City of Los Angeles, member of the California Medical Examiners, Professor of Obstetrics in the College of Medicine, University of Southern California, 1886-90, Professor of Gynecology,

1894-1903, member of Los Angeles County Medical Association, Southern California Medical Society, the Medical Society of the State of California, and the American Medical Association. Ex-president of the Los Angeles County Medical Association and the Medical Society of the State of California. Superintendent of the Los Angeles County Hospital, 1885-1886. Founder and medical director of the California Hospital of Los Angeles, 1887, and founder of the Southern California Practitioner thirty-six years ago this month.

He was a member of the Consistory and on the Roll of Honor of the Los Angeles Commandery, member of the California, University and Los Angeles Country Clubs, author of "California of the South," 1886, and "Traducers of Shakespeare," 1906; a liberal contributor to the medical press.

To him we can truly apply the words of Sir George to Maclure in Ian Maclaren's exquisite sketch, "You are an Honor to our Profession."

His very quiet mannerism gave little indication of his great activity and wide range of influence in the general and professional development of this region. Those who have known his work in the California Hospital must have marvelled at his ability to keep divergent groups working harmoniously for the welfare of that institution. As Xenophon said more than two thousand years ago: "Tis a great thing to be well spoken of by six thousand men."

MEMORIAL

Adopted by the Board of Trustees of the Lutheran Hospital Society of Southern California at a special meeting, January 27, 1922.

It is with a sense of keen sorrow that the Board of Trustees of the California Lutheran Hospital records the death of Dr. Walter Lindley on

the 24th day of January, 1922.

The California Hospital, now known as the California Lutheran Hospital, is an enduring monument to the memory of Dr. Lindley, who not only was one of its founders, but who also guided its destinies for nearly a quarter of a century and saw its development into a great institution. The evidences of his masterful hand and sympathetic heart are plainly indicated in the upbuilding of this hospital, which has trained hundreds of nurses and has brought relief or health to many thousand patients.

This board recalls with sincere pleasure its dealings with Dr. Lindley in the transfer of the hospital to its present ownership. The transaction itself, we were made to feel, was an act of love on his part. Opportunities were opened, by which the former owners could have disposed of the property to greater financial advantage, but Dr. Lindley's desire to continue the hospital, to which he had given the best years of his life, prevailed, and upon this condition, he withdrew from active management, and entrusted it to others.

We shall always remember his courtesy, generosity and helpfulness and do now mourn the loss of a sincere friend, whose advice was often sought and as often given.

The California Lutheran Hospital sends its deep sympathy to the bereaved family and prays that their grief may be sweetened by the beautiful memory of love, of service and of usefulness, which characterized the entire life of Dr. Walter Lindley.

Resolved, That a copy of the foregoing memorial be spread on the minutes of the Board, a copy presented to the bereaved family, and a copy transmitted to the local press.

Resolved, That the President of the Board, Mr. A. Larson, and the Vice-President, Rev. Julius Lincoln, D.D.,

be delegated to attend the funeral of Dr. Lindley as the representatives of the California Lutheran Hospital.

By order of the Board,
A. LARSON, President.
J. K. NORSTROM, Secretary.

The Care of the Nursing Mother

The period of lactation is always a trying one for a nursing mother, and when, in addition, she takes care of a household, as is so often the case, it is not surprising that her body proves unequal to the burden placed on it. Loss of flesh usually follows as a consequence of the general depression of her nutrition. Naturally, under these conditions, a mother's milk gradually becomes lowered in quality, and sooner or later her offspring begins to show the effects. Its digestion is impaired, its nutrition also fails to a marked extent, and bodily growth is stopped.

In the majority of cases, a nursing mother can be kept from "running down" to a degree that will jeopardize her baby's health and growth, by suitable tonic treatment. Gray's Glycerine Tonic Comp. is especially serviceable for this purpose and used in doses of two to four teaspoonfuls in water three times a day; it promptly increases a nursing mother's appetite, aids her digestion and promotes the nutrition of her whole body. Her strength and vitality show a progressive gain, and her milk is rapidly improved in both its quality and flow. If her baby has suffered at all, it soon begins to gain, and often in a surprisingly short time will be restored to a vigorous, healthy condition.

So effective has Gray's Glycerine Tonic Comp. been found in correcting the malnutrition of nursing mothers, that many physicians order its use, not only on the first sign of a mother's weakness, but in moderate dosage throughout the period of lactation. It

affords a support, or prop, which helps the mother to carry her increased burden, and at the same time, through its influence on her milk supply, means stronger and better babies.

Stimulation vs. Tonic Action

In treating debilitated or weakened conditions, it is always well not to confuse stimulation with tonic action. The first means sudden and often extreme excitation of the central nervous system, with elevation of the blood pressure, and a "whipping up" of vital processes, all of which produce an extreme but temporary increase in the activity of bodily functions in general. This, however, soon passes away, and often leaves the organism more depressed than it was before.

Tonic action, on the other hand, means the gradual building up of the bodily tissues to a point where the different vital functions are performed with full efficiency. Impoverished and weakened cells are given increased nourishment, and thus supplied with the substances necessary to permanent functional activity. To sum it up, a stimulant is a spur or lash to vital processes, with effects which are essentially temporary and passing; a tonic is a permanent builder and restorative, which vitalizes and nourishes the cells of the body, and thus gives them the necessary power to do their own work in an efficient and satisfactory manner.

An excellent example of a real tonic is found in Gray's Glycerine Tonic Comp. This time-tried remedy is not a transitory stimulant, but a real reconstructive, that furnishes the means whereby the tissues are reinforced and strengthened, and restored to permanent physiological activity. Clinical experience has shown that it has no contraindications of age or season and

can be used as needed for patients of all ages, from the youngest to the oldest.

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plies the structures of the body with the substances required to enable it to resume and maintain that physiologic activity of the vital functions which constitutes health. When other restorative measures fail, Gray's Glycerine Tonic Comp. can be counted on to achieve the results desired, with gratifying avoidance of any reactionary depression or unpleasant effect.

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DIAGNOSIS OF DISEASES OF THE STOMACH

By George E. Malsbary, M. D., Los Angeles

Many affections of the stomach are not due to pathological changes in the stomach itself. Notable examples are the stomach complaints of cases of chronic disease of the gall-bladder and appendix. In this article we will limit our discussion to the more common diseases of the stomach, especially the catarrhs, ulcers, cancers and neuroses of the stomach.

Formerly the diagnosis of diseases of the stomach was largely a matter of symptomatology and conjecture. This has been changed, largely through the advent of the stomach tube and the x-ray tube, so that now we are able to make a diagnosis of disease of the stomach about as easily as of any other part of the body and as accurately. The stomach tube gives us information as to disordered physiological action of the stomach. Probably the best known and most important example is the examination of the gastric juice for the absence of free hydrochloric acid and the presence of lactic acid in cancer. The x-ray tube enables us to examine the anatomical condition of the stomach, its size, location, shape, deformities, as well as its physiological action, peristalsis, hypersecretion, emptying time, with a precision and detail otherwise unobtainable. Its use is indispensable in the diagnosis of ulcer and cancer, for in no other way may we know so accurately the nature and extent of the lesion.

The following summary presents a sort of bird's-eye-view of the diagnosis of diseases of the stomach. Later we hope to take the subject up in greater detail, especially the differential diagnosis of malignancy. A very early diagnosis is important in cancer of the stomach,

Catarrh of the Stomach	Ulcer of the Stomach
X-RAY APPEARANCE.	Barium in Ulcer crater.
Thickened gastric rugae. Alterations in size and tone.	Passage of barium through the gastric wall, due to a chronic perforation. Defect on the barium shadow from induration in the gastric wall. Permanent hour-glass stomach. Pyloric obstruction, other than new growth.
2. DURATION.	Simple gastric ulcer is of indefinite duration. The attacks are of short duration, but relapses and repetitions are frequent, so that the disease frequently lasts for years.
3. SEX.	Gastric ulcer is more frequent in women, in the proportion of about 2:1.
4. AGE.	Ulcer of the stomach is more rare in youth, frequently increasing progressively from puberty to advanced age.
5. TONGUE.	In ulcer of the stomach the tongue may be dry and red with a white stripe in the middle, or it may be smooth and moist, or slightly furred.
6. SENSATIONS.	In gastric ulcer there may be burning in the stomach, and circumscribed boring pains, frequently radiating to the back.
7. APPETITE.	Gastric ulcer does not impair the appetite. The patients often restrict their eating to the point of causing emaciation, because they fear the food may cause pain.

Cancer of the Stomach**Neuroses of the Stomach**

Filling defect in the gastric shadow.
Annular defect.
Bitten-out appearance.

Gastric irregularities that are not permanent, and that change in appearance under physiological doses of a sedative, such as belladonna.

Cancer of the stomach is of comparatively short duration, the patients rarely living longer than six months or a year after the recognition of the disease.

The gastric neuroses vary in duration. Nervous gastralgia presents recurring attacks of rarely more than three or four days' duration. Hyperchlorhydria is of long duration.

Cancer of the stomach occurs about equally in the two sexes.

The gastric neuroses vary in the two sexes. Thus, nervous gastralgia is more frequent in women, whereas hyperchlorhydria is more frequent in men.

Cancer of the stomach is found especially in middle and advanced life.

The gastric neuroses: Nervous gastralgia prefers the years from eighteen to thirty-five. Hyperchlorhydria may occur at any age, but is rare in youth.

Cancer of the stomach is marked by a heavily coated tongue comparatively early in the course of the disease.

The appearance of the tongue varies in the gastric neuroses. It is usually normal in nervous gastralgia. In hyperchlorhydria the tongue may be clean or slightly furred.

Cancer of the stomach is marked by an exaggeration of the symptoms of catarrh in conjunction with pain, that is of variable character and later radiates toward the shoulder.

The neuroses are marked by a great variety of sensations. Nervous gastralgia may cause feeling of hot or cold. Hyperchlorhydria is marked by sensations of heat and burning, and at times by pyrosis and distention.

Cancer destroys the appetite, and this is a marked characteristic of the disease.

The appetite varies in the neuroses. In nervous gastralgia the appetite is normal during the intervals; in hyperchlorhydria the appetite is often increased.

Catarrh of the Stomach**Ulcer of the Stomach****8. EPIGASTRIC PAIN.**

In chronic gastric catarrh, epigastric pain may be present but is not regularly pronounced. More often there is only diffuse tenderness. Atrophic gastritis may present lancinating pains.

In ulcer the epigastric pain is intense, especially after eating, and becomes more severe upon pressure. The pain disappears after digestion is completed and the stomach is empty.

9. REGURGITATION.

Frequently present in chronic gastric catarrh.

At times present in gastric ulcers. There is frequently water-brash and pyrosis.

10. BELCHING.

Frequent copious eructations in chronic gastric catarrh.

Usually absent in ulcer, and when present is without bad odor.

11. FEVER.

Rare in simple chronic catarrh of the stomach; sometimes the temperature is subnormal.

In gastric ulcer there may be fever, in the presence of adhesive inflammation caused by perforation of the ulcer, or in connection with large hemorrhages.

12. TASTE.

Pasty, decomposed, sour, bitter, in chronic gastric catarrh.

Normal in ulcer of the stomach.

13. HEMATEMESIS.

Absent in chronic gastric catarrh.

One of the characteristic symptoms in ulcer. Almost all cases show blood upon microscopic examination of the stomach contents. Often these patients vomit large quantities of blood, either clear red or coffee ground in color. After a hemorrhage, there may be hematemesis, also the following day, but when arrested the hematemesis usually does not reappear for quite a long period.

14. SECRETORY FUNCTION.

Chronic catarrh of the stomach tends to arrest the secretion, except in gastritis acidæ.

In gastric ulcer the secretion of hydrochloric acid is usually increased, lactic acid is absent, and the ferments are increased.

Cancer of the Stomach**Neuroses of the Stomach**

Cancer causes less intense pain, but it is more continuous and there are seldom periods of perfect freedom from pain, such as are observed in ulcer.

The epigastric pain of nervous gastralgia is not dependent upon the taking of food, is relieved by pressure, and there are intervals of a number of days during which there is complete freedom from pain. In hyperchlorhydria, the epigastric pain appears from one to three hours after meals, and is relieved by antacids.

There is no water-brash in cancer of the stomach; pyrosis may be quite intense.

Not present in nervous gastralgia. In hyperchlorhydria water-brash and pyrosis are frequent.

Usually present in cancer of the stomach, often associated with disagreeable, sometimes fetid, odor.

Variable in nervous gastralgia; excessive in hyperchlorhydria.

Rare in cancer, except towards the close of the scene. The temperature may be subnormal.

The gastric neuroses do not cause fever.

Resembles that of catarrh, but exaggerated in cancer. Often bitter and sour.

Normal in the gastric neuroses.

Blood may frequently be found microscopically in cancer. In gross hematemesis the quantity of blood is relatively small, usually coffee ground in color, decomposed, frequently of fetid odor. Recurrences are frequent, with short intermissions.

Absent in the neuroses.

Cancer of the stomach is marked by early absence of free hydrochloric acid, the presence of lactic acid, and the absence of the ferments.

The neuroses show great variations in the secretory function. Nervous gastralgia shows a variable amount of hydrochloric acid, absence of lactic acid, and the ferments are normal. Hyperchlorhydria is marked by an increase of hydrochloric acid, and the ferments are also increased.

Catarrh of the Stomach**Ulcer of the Stomach****15. VOMITING.**

In chronic catarrh of the stomach, vomiting is especially frequent in the cases due to alcohol.

Gastric ulcer does not show vomiting as a marked feature; it usually occurs after meals, if at all.

16. PERFORATION.

Absent in chronic catarrh.

May take place in ulcer after a short period of illness, or at any time in the course of the disease.

17. TUMOR.

There is no tumor in chronic catarrh of the stomach, save the thickening of the stomach walls that may be present in the hyperplastic form.

Ulcer of the stomach does not cause a tumor; when near the pylorus, the latter may be thickened so that it feels like a smooth elongated body.

18. COMPLEXION, CACHEXIA AND CHANGES IN THE BLOOD.

In chronic gastric catarrh, the patients are pale and show malnutrition.

In gastric ulcer the complexion is more fresh than in catarrh; there is anemia after severe losses of blood.

19. STOOLS.

Constipation alternating with diarrhoea is a common picture in chronic gastric catarrh.

In ulcer constipation is the rule; the stools may be tinged with blood. Indeed, blood may usually be found in the stools microscopically.

20. URINE

In gastritis the total acidity of the urine is lessened, and there is a reduction of urates and phosphates.

In ulcer the quantity is reduced and the urine contains indican.

21. TISSUE FRAGMENTS.

In chronic catarrh of the stomach, lavage may reveal fragments showing chronic inflammation.

In ulcer, lavage usually reveals no tissue fragments. The microscope may show minute traces of blood.

22. MICROSCOPIC EXAMINATION.

Chronic gastric catarrh: Leucocytes, and fragments showing chronic inflammation of the mucous membrane.

Ulcer: Usually some red blood cells may be found.

Cancer of the Stomach**Neuroses of the Stomach**

Cancer shows vomiting as a marked feature, not after meals, but once or twice a day or once every day or two, the quantity being often very large.

Nervous gastralgia shows no regularity in the appearance of vomiting; absent in hyperchlorhydria.

Occurs in cancer, late in the course of the disease.

Absent in the neuroses.

The presence of tumor is one of the most reliable signs of cancer of the stomach. Usually the tumor soon becomes large enough to be palpable, presenting an uneven surface, painful to pressure, and easily movable early in the course of the disease.

Tumor is absent in the neuroses.

Cancer is marked by a sallow, yellowish complexion, dry skin, and the early appearance of cachexia.

In nervous gastralgia the complexion is pale during the attacks, and normal during the intervals. In hyperchlorhydria the complexion may be pale or normal.

There may be constipation or diarrhoea in cancer; the stools may contain blood.

The stools vary in the neuroses, usually normal in nervous gastralgia, constipated in hyperchlorhydria.

Cancer is marked by a concentrated dark urine, of neutral or alkaline reaction; indicanuria, acetonuria, sometimes peptonuria, the preformed and ethereal sulphates are increased.

The condition of the urine varies in the neuroses. Nervous gastralgia presents little change, save that the quantity may be increased during the attacks. In hyperchlorhydria the urine is often neutral or alkaline; the phosphates are increased.

In cancer, tissue fragments may sometimes be found in the stomach contents, showing microscopically the structure of the neoplasm.

Usually absent in the neuroses. It has been claimed that they may be present in hyperchlorhydria, showing glandular hypertrophy in two-thirds of the cases.

Cancer: Possibly fragments of neoplasm. Oppler-Boas bacillus.

Gastric neuroses: Usually none. Hyperchlorhydria may present fragments, in two-thirds of cases, showing proliferation of glands.

Catarrh of the Stomach

23. DORSAL PAIN POINTS.

Absent in chronic catarrh.

Cancer of the Stomach

The pain in cancer is diffuse and not characteristic.

Ulcer of the Stomach

Present as a valuable diagnostic point in ulcer, one inch to the left of the twelfth dorsal vertebra.

Neuroses of the Stomach

There is no characteristic dorsal pain in the neuroses.

Catarrh of the Stomach

24. PROGNOSIS.

Improvement under dietetic treatment occurs in chronic gastric catarrh.

Cancer of the Stomach

Usually any improvement is only temporary in cancer. A few cases have been apparently rescued by early surgery.

Ulcer of the Stomach

Marked improvement under dietetic treatment is observed in ulcer.

Neuroses of the Stomach

The neuroses show marked improvement under treatment.

The Rational Treatment of Respiratory Conditions

That the sudden, and often extreme variations met during our winters in the northern section of the country do exert a pronounced influence on the respiratory organs, the mucous membrane in particular, is an established fact. The resulting derangement of the general, as well as local, pulmonary circulation, however, temporary, predisposes the lung and bronchial tissues to bacterial infection. To state it more explicitly, the germs that are more or less constantly present in the nose and mouth, often find conditions in the deeper respiratory tract, following extreme atmospheric changes, favorable to their onslaught—and pathologic processes follow as a natural consequence.

Since these "favorable conditions" consist chiefly of a lowering of the cellular activity and resistance, it is obvious that treatment to be effective must be able to stimulate the general circulation, correct tendencies to local

congestion, and promptly raise the activity and tone of the tissues of the respiratory organs, as well as of the whole organism.

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EDITORIAL

CATARRH AND RHEUMATISM

Catarrh and Rheumatism have the same derivation, meaning "to flow," and are relics of the old Greek humoral pathology, which attributed pretty much all the ills of man to disturbances of the humors flowing through the body. About 1600 the term Catarrh became limited to affections of the mucous membranes not of known specific cause, and Rheumatism was given the rather large domain of the affections of tissues other than mucous membranes not due to any known specific cause. To meet the situation, elaborate classifications

of the Catarrhs and Rheumatisms were evolved. With the progress of our knowledge of pathology, especially as we came to know the specific cause of many affections, the number of affections designated as Catarrhs and Rheumatisms diminished and proportionately more simple classifications sufficed. The tendency now is to abandon both these terms, which have so long served largely as cloaks for ignorance. The Catarrhs and Rheumatisms of recent years are infectious, toxic or traumatic affections, and would be better and more properly thus classified, so far as possible.

EDITORIAL NOTES

Dr. A. J. Scott Jr. has been appointed to the State Board of Health by Gov. Stephens to succeed Dr. Walter Lindley, deceased. It is a very worthy appointment.

Dr. Rex Duncan, of Los Angeles, has been addressing a number of societies on the therapeutic value of the new deep x-ray therapy. Is it possible that Rex actually admits that

the x-ray has any therapeutic value! And all this before he has had any personal experience with the new deep x-ray therapy! Later he may be more legitimately enthusiastic, for we understand he is really installing an x-ray therapy unit.

The report that the Mayo Bros. were to start a large hospital in Los

Angeles seems somewhat exaggerated.

Dr. R. M. Toland, aged 68, for eighteen years one of the most prominent practicing physicians of Los Angeles, died suddenly February 5th, at his home, 1722 South Bronson street.

Dr. Toland, who was born in Columbus, Miss., in 1854, had practiced medicine since 1883, having been graduated in that year from the Southern Medical College in Atlanta, Ga. Thirty-five years ago he went to San Jacinto, Cal., in which city he lived for thirteen years, moving then to Pomona where he lived five years. With his family, Dr. Toland came to Los Angeles thirteen years ago. For many years Dr. Toland and his family resided at 1120 South Hoover Street, from which locality they moved to their present address a few days ago.

Besides his widow, Dr. Toland leaves three daughters and four sons. They are Mrs. J. S. Pool of Fort Worth, Tex.; Mrs. Leonard Frey of Inglewood, Cal.; Mrs. C. F. Downing of Los Angeles; Joseph Toland and Dr. Clarence Toland of Los Angeles; T. H. Toland of Hanford, Cal., and Randle Toland of Fort Worth, Tex.

The California-Arizona-Nevada unit of the American College of Surgeons, that met in the Alexandria Feb. 17-18, was well attended and elected the following officers: Dr. Stanley Stillman, San Francisco, chairman; Dr. Harold Brunn, San Francisco, secretary; Dr. Granville McGowan, Los Angeles; Dr. Henry Sherk, Pasadena; Dr. Lewis B. Morton, Los Angeles; Dr. J. H. Petis, Fresno, and Dr. William E. Stevens, Los Angeles, members of the executive committee.

TRIBUTES TO DR. LINDLEY

The following resolutions of tribute to the memory of Dr. Lindley were adopted by the board of library directors and the board of directors of the Farmers and Merchants National Bank:

The action of the library board was concurred in by Librarian E. R. Perry, who, with Orra E. Monnette, Frank H. Pettingell, Katherine G. Smith and Francis J. Conaty, signed the resolution, which was entered on the board records. The resolution follows:

"The board of library directors, a department of the municipality of the city of Los Angeles, is called upon to mourn the death of an honored member of the board, Dr. Walter Lindley, one of the prominent and highly esteemed citizens of Los Angeles, and to record the splendid work performed by him as a member of the board, and likewise, to express the personal regard and affection held for him by his associate directors.

TWO YEARS ON BOARD

"Dr. Lindley became a member of the board on the first day of January, 1919, and continued as a member of the board since that date and had always attended its meetings and performed his duties not only in a most faithful and conscientious way, but with a very high degree of efficiency.

"Not a few of the ideas and policies entering into the work of the board and into the administration of library affairs originated in the keen mind and good judgment of Dr. Lindley, and it is worthy of record that while he sat as a member of the board, Normal Hill Center was selected as the proposed site for the new central library building. This was the consummation of a hope which he had often expressed and was made possible by the favorable vote upon the library bond issue, in the campaigning for which Dr. Lindley had actively participated. With the inception of this enterprise Dr. Lindley's name should ever be remembered.

"However, it is in his pleasing personality, his cordiality of manner and his fine understanding of men and women that his value to the board existed. Always welcoming others with a display of good will and kindness he secured for himself the warmth of affection which courtly and kindly conduct always creates.

WAS FIRST A MAN

"Be it recorded of him in the records of this board of library directors and in the great volume of the activities and achievements of life itself that he was, first, a man, then a gentleman, and finally a scholar and high-minded citizen. The last tributes

might equally have been placed first in order, but those who sat with him in councils and associated with him day by day first rejoice in his fine qualities as a man.

"In the adoption of this memorial it is the desire that it be spread at large upon the minutes of the board and that copies be transmitted to the public press and to the members of the bereaved family.

"Done and adopted by the formal act of the board of library directors at a special meeting held Wednesday, Jan. 25, 1922, at 1 o'clock p.m., at which the librarian was present and in which action he likewise concurs. Therefore this is subscribed by the individual signatures of the members of the board, including the librarian."

BANK'S RESOLUTION

The resolution adopted by the bank directorate follows:

"On Jan. 24, 1922, death came to our late director, Dr. Walter Lindley. He attended a meeting of the finance committee on January 18, and was in the bank daily thereafter, including Friday, January 20, on which day he suffered a cerebral hemorrhage, from which he never rallied.

"Dr. Lindley came to Los Angeles in 1875, where he followed his profession constantly until quite recently. He was a loyal, liberty-loving, patriotic citizen, who always had the good of the community at heart. For over forty-six years he took part in the upbuilding of this city. He was one of the founders of the California Hospital, and, until it was sold last year, he was the moving figure in its successful management, in which he took both a professional and fatherly pride.

"He was of a quiet disposition, pleasing manners and address, well educated, well read, and thoroughly informed. He was a graceful and forcible writer, on both professional and general subjects, an impressive speaker, and was always willing to exert himself for the advancement of any worthy cause. He took particular delight in assisting the younger men of his profession over the hard places in the first years of their practice. Always well regarded, he endeared himself to his many acquaintances by his many good qualities.

ACTIVE IN CIVIC AFFAIRS

"He took an active part in all civic affairs and gave much of his time to questions of public welfare. At one time he was candidate for Mayor of Los Angeles. He was defeated, because he refused the demand that an impudent band of politicians of both parties be allowed to name the members of the police commission, should he be elected. Had Dr. Lindley been elected he would have given the city a clean, business administration, of which every inhabitant of Los Angeles would have been proud. He was qualified by his past experience, by his careful attention to and study of civic affairs, to have given Los Angeles an ideal administration, as its Mayor. He would have taken great pride in the office and in the faithful performance of his duties.

"The doctor was a profound student of past events, a careful observer of present and passing conditions and tendencies, and always hopeful for the future. Compared with the iniquities of the remote past on the part of all governmental agencies, he believed the world was growing better, its people more civilized, its ruling classes more human, and more in sympathy with the masses. He had faith in our form of government, in the capability of our people for self-government, and in their ability to meet changing conditions wisely. He was, from principle and education, a politician of the old school, and was not in sympathy with the wave of political radicalism which has of late years swept over the nation. He considered as demagogues, professional reformers who always desire to dictate. He regarded many of these men as trouble-makers, whose actions were baneful to the public good.

AS DIRECTOR OF BANK

"Dr. Lindley was elected a director of this bank on Oct. 6, 1903, and served it faithfully until the day of his death. During nearly all of the time he served as a director of the bank, he was chairman of the finance or loan committee. He always had the good of the bank in his mind and did his best to further its interests. In these days, especially, the community can ill afford to part with a man

of his many sterling and sturdy qualities.

"In view of our intimate association with Dr. Lindley, through these many years, of his many admirable qualities as a citizen, friend, husband and father,

"Be it resolved, that we greatly deplore his death and extend to his family our sincere condolence and sympathy, and indulge in the hope that

the universal respect in which he was held, his kindness to, and thoughtfulness for them in the past, his high standing as a man, a physician and a citizen, the recollection of his charities, unostentatiously dispensed, of his unfailing interest in the welfare of his fellow-men, may bring them consolation and surcease from sorrow.

"Resolved, further, that this memorial be spread upon our minutes in full and a copy thereof transmitted to his family.

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DIAGNOSIS OF DISEASES OF THE STOMACH

By George E. Malsbary, M.D., Los Angeles

The symptoms of diseases of the stomach are notoriously unreliable in diagnosis, as is also the history. In a general way they may be suggestive, but we must be exceedingly careful not to be misled by them. The duration, sex, age, tongue, sensations, appetite, epigastric pain, regurgitation, belching, fever and taste may stimulate discussion and conjecture with the formation of a few very brilliant diagnoses and many worthless opinions. It is dangerous to place reliance upon them in diagnosis. We were formerly taught to be guided largely by the occurrence of hematemesis, the condition of the secretory function, the character of the vomiting, the occurrence of perforation, the presence of tumor, the complexion, cachexia and changes in the blood, the stools, the urine, and to lay great stress on dorsal pain points, any tissue fragments found on lavage, and the microscopic examination of the gastric contents. Many a perfectly good diagnosis has been made in this way, and many an error. Chemical examination of the stomach contents, such as the glycyltryptophan test and the phosphotungstic acid reaction of Wolff, and the

serum tests for cancer, such as the haemolysis test and the modified Abderhalden reaction, are not to be relied upon. So that we should not be averse to receiving whatever aid may be afforded by the x-ray appearance in diseases of the stomach.

There has been much useless discussion regarding the relative merits of roentgenoscopy and roentgenography in the diagnosis of diseases of the stomach, just as there has been much foolish contention regarding the relative value of the "x-ray" and "clinical" diagnosis in these affections. Of course, each should supplement the other. We have found it most satisfactory to examine the patient with the fluoroscope, and record on films any lesions or pathological findings. The x-ray findings should be interpreted with care. Radiographs always tell the truth, if they are read properly.

Those who claim to make a specialty of the "clinical" study of diseases of the stomach have been prone to make sarcastically unfavorable estimates of the value of the x-ray in their specialty, then have proceeded to invest in x-ray outfits. In this regard the gastrolo-

gists are much like the phthisiologists, the urologists and the dentists. It reminds one of the popularity of the possession of a microscope some years ago. Wonder how many of the older practitioners have microscopes that they now seldom or never use! It requires something more than the mere possession of an x-ray outfit to enable one to read correctly the language of radiography. The gastrologist who attempts to be also a roentgenologist, is trying the practice of two specialties and is not likely to be adept in both. The patient would fare better in the hands of a conscientious general practitioner in consultation with a competent roentgenologist.

The normal stomach varies in size, shape, mobility, peristalsis and motility, as well as in the amount of secretion and the size of the gas-bubble. The variations in the x-ray appearance that may be within the normal, must be kept in mind in studying the abnormal stomach. Thus only can we hope to recognize and correctly evaluate the importance of any pathology that may be present. We must know the normal stomach as a basis for the study of the abnormal stomach, just as the pathologist must be versed in normal histology to correctly interpret pathological findings.

The length, breadth, capacity, contour, position, form, tonus, mobility, peristalsis and motility of the normal stomach must correspond with the type of body, the "build" of the individual. Numerous classifications on this basis have been proposed, many of which are confusing rather than helpful. Two general types may be recognized: (1) the carnivorous, enteroptotic or fishhook form, and (2) the herbivorous, broad or steer-horn form. Of these and between them are numerous normal forms, all of which correspond with

the type or form of the individual. Some describe an intermediate form as normal. Thus, Stiller bases the classification on the epigastric angle, formed by the costal margins with the ensiform, considering twenty-five degrees or less as enteroptotic, fifty to eighty as normal, and one hundred and twenty or more as broad. For clinical reasons, we believe it is better to recognize as normal the form of stomach that is normal for the individual. The form, position and size of the stomach show normal modifications, depending on the form of the individual, the tension of the abdominal wall and the gastric tonus. The fishhook form of stomach is by far the most common.

The tonus of the stomach is usually estimated after the classification of Schlesinger, which recognizes four varieties: orthotonic, hypertonic, hypotonic, and atonic. The orthotonic or normal tonic of Schlesinger is the fishhook form of stomach that performs its functions normally, with the fundus at or near the umbilicus and parallel walls nearly to the pylorus. In this classification, the steer-horn form is hypertonic and is regarded by Schlesinger as the primary form from which the other types have developed. Though relatively infrequent, it is not pathologic. We believe it would be better to consider as normal the tonus that enables the stomach to do its work normally, which must naturally vary with the type of the individual. Notwithstanding Schlesinger's classification and its wide acceptance, we find normal and increased tonus in both the steer-horn and the fishhook type of stomach.

The position of the stomach varies within wide limits that must be considered normal. With the patient in the standing position, the pylorus is usually near the umbilicus, ranging from above the umbilicus in the right

hypochondrium in some cases of the steer-horn type, or slightly to the right and above the umbilicus in the fishhook type, to below the umbilicus and to the right, and in some cases of marked fishhook type, even to the left of the median line. The position of the cardia does not vary. The position of the fundus is often of value in estimating the tonus of the stomach.

The size of the adult stomach varies. Ewald mentions a normal stomach of only eight ounces capacity, and a megaloastria of 56 ounces capacity. Usually 24 ounces of barium-buttermilk is sufficient to fill the normal stomach.

The contour of the stomach presents so many normal variations as to be confusing to the novice. The incisura cardiaca is a normal break in the regular contour of the stomach, formed by the upper angle of the junction of the esophagus with the stomach. The incisura angularis is a normal deep depression on the lesser curvature, at the junction of the pars media and the pars pylorica. Along the greater curvature, in the region of the costal arch, is a broad, shallow depression, that has been attributed to pressure from the abdominal muscles or the spleen, that often appears rough when the stomach is not well distended. This should not be mistaken for malignancy. The contour is constantly varied normally by peristalsis, especially at the pyloric end.

The normal mobility of the stomach is largely influenced by the tension of the abdominal wall. The fixed points are the esophagus and gastro-phrenic ligament at the cardia, and the hepato-duodenal ligament about an inch be-

yond the pylorus. Usually the mobility is best determined with the patient in the upright position.

Peristalsis shows considerable variations in regularity, number, width and depth of the waves. Cole describes one, one and a half, two, three and four cycle types. He believes the three and four cycle types the more common. Kastle gives twenty-two seconds as the average time for a peristaltic wave to run its course. Usually the waves are farther apart on the greater than on the lesser curvature, the peristalsis following the usual curve of the stomach.

Motility of the normal stomach varies greatly with the character of the gastric contents. Very different results are obtained with the Rieder carbohydrate meal, the Rieder opaque meal and the barium-buttermilk meal. It is better to adopt a standard technic and stick to it. We use the barium-buttermilk meal, and expect the stomach to be empty normally at the end of six hours, with the head of the meal at or slightly beyond the caecum.

We will next turn our attention to the diagnosis of cancer of the stomach, and in the discussion of the differential diagnosis of cancer we will have occasion to consider most of the diseases of the stomach. Cancer of the stomach is usually readily recognized in the late stages of the disease, but is often not recognizable without an x-ray examination early in the course of the disease, at a time when the recognition of the disease may be of value to the patient. Carmen declares that cancer of the stomach can be recognized by x-ray examination in 95 per cent of cases, a percentage not approached by any other method of examination.

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EDITORIAL

IMPROVED X-RAY TREATMENT

Most of the large clinics in Germany have practically discontinued operating on cases of carcinoma of the breast and the uterus. They find the results with radiation far superior, and claim approximately 85 per cent of cures in cases taken at random. They emphasize the importance of not operating at all on sarcoma, as the chances of metastasis are greatly increased by surgery and the non-operated cases usually do very well under the modern x-ray treatment. Many of the cancer cases have remained well now for several years, with no evidence of a return of the malignancy, and are undoubtedly really cured. In some of these cases the results are evidently due to the improvement in technic. Stern, the radiotherapeutist to Mount Sinai Hospital, New York, reports examining such a case in the clinic of Prof. Warnekros, in Berlin. The patient had been treated there four years previously for inoperable

carcinoma of the uterus, involving the fundus, the parametrium on both sides, with deep-seated pelvic and inguinal glands. At the time he examined the patient, four years later, Stern found the uterus freely movable, with no sign of thickening in any part of the pelvis. The patient had gained fifty pounds in weight and appeared healthy. Such results were not secured by our former technic. The writer has had a series of cases under treatment since August, 1921. These patients are now reporting for observation once a month. In general, the results are better than we formerly secured. A good illustration may be had in the cases of cancer of the breast. With the old technic, using 140,000 volts, the results were sometimes good in cases in which the breast was no longer active, in the older patients, those who had passed the menopause, but we did not expect a cure in the younger women with active breasts.

With the improved high voltage technic, cancers in young women have disappeared and are apparently cured. The time is too short in this series to be certain of the permanency of the cures, but it is certain that the results thus far are better than with the former technic. However, in some cases the patients seemed to do better under the former technic. This was notably true

in two bone cases. It probably will be some time before accumulated experience of those engaged in this work will enable us to know what cases are best treated by our former technic. And now just a word of warning. There is grave danger that hyper-enthusiasts may bring discredit upon the improved high voltage technic, through failure to be discreet in its employment.

EDITORIAL NOTES

Dr. G. V. Hamilton, recently from Ohio, has become associated with the staff of the Santa Barbara clinic. Dr. Hamilton is a fellow of the American Neurological Society and one of the editors of the *Journal of Comparative Psychology*. He is a worthy addition to this excellent clinic.

Mrs. Frances Harmon Zahn, wife of Otto J. Zahn of the Humane Animal Commission, has been appointed by the Mayor as a member of the Board of Library Directors, succeeding Dr. Walter Lindley, deceased.

Dr. Louis J. Regan has just returned from special work in Chicago and will open offices in the new Security Trust and Savings Bank building in Hollywood.

Dr. James Martin Peebles died at his apartment, 1839 South Main street, February 15th, thirty-six days before his century mark. His most popular book was entitled, "How to Live a Century." The cause of his death was valvular disease of the heart.

Dr. Charles F. Ferguson died at the Soldiers' Home, Sawtelle, February 20th, in his seventy-eighth year. He formerly had a large practice in Indianapolis, where he founded and ed-

ited the *Indiana State Medical Journal*.

Major William G. Guthrie, head of the medical department at Fort MacArthur, has been assigned to duty at the Letterman General Hospital, at the Presidio, San Francisco. He will be relieved by Major William T. Cave, who recently arrived from duty at Fort Mills, Corregidor, the Philippines.

Dr. H. C. Bagby, recently president of the Santa Barbara County Medical Society, has been appointed county coroner and public administrator for Santa Barbara county.

BOOK REVIEWS

ESSENTIALS OF LABORATORY DIAGNOSIS. By Francis Ashley Faught, M. D. Formerly director of the laboratory of the department of clinical medicine and assistant to the professor of clinical medicine, Medico-Chirurgical College, etc., Philadelphia, Pa. Containing eleven full-page plates (four in colors) and seventy-eight text engravings. Seventh revised and enlarged edition. Philadelphia: F. A. Davis Company, Publishers, 1912. Price \$4.50 net.

The development of many new methods in response to the demand for additional accurate information in the clinical study of cases has widened the scope of the clinical laboratory until it has now reached the dignity of a specialty of medicine. An effort to embody many of these new and valuable methods, found practical

since the preparation of the former edition of this work, has forced the author to completely revise and to practically rewrite this book, and in so doing to depart in some measure from the original restricted plan of the earlier editions. The new methods introduced and the technic advised, while requiring considerable technical skill consuming much time, still remain within the chemical dexterity of the average physician.

MIND AND ITS DISORDERS. By W. H. B. Stoddart, M. D., F. R. C. P. Lecturer on mental diseases to St. Thomas' Hospital Medical School, Examiner in psychology and mental disease to the University of London. Honorary consulting physician in mental diseases to the war office. Honorary treasurer of the British Psychological Society, and of the British Psycho-analytic society. Late resident physician and Medical superintendent of Bethlem Royal Hospital. Fourth edition with illustrations. Philadelphia: P. Blakiston's Son & Co. 1922. Price \$7.50.

The classification of mental disorders is temporarily in a state of flux. Stoddart regards neurasthenia as a psychoneurosis, and not as a neurosis. Since going to press it has become obvious to him that exophthalmic goitre is also a psychoneurosis, and not a true neurosis. Exophthalmic goitre is really a variety of anxiety hysteria, and should be described under that heading. It follows that the only true neurosis is the anxiety neurosis. The researches of Ferenczi, Pierce Clark, and others, into the mysteries of epilepsy have demonstrated this disease to be a psychosis and it is described under that heading. Alcoholism and drug habits are psychoses, caused by the excessive use, or rather abuse, of alcohol. These are intoxications. We gain a clearer insight into mental processes when we approach them from a purely psychological standpoint. Mental and physical factors are even more intimately related than is commonly supposed. Physiological processes and physical diseases almost invariably have their mental concomitants or sequelae; and mental processes, both normal and morbid may originate gross organic changes. The endocrines are a most important factor in neurosis, psychoneurosis and psychosis, and the time is not far distant when it may be possible for a manual of psychiatry to be written

from an endocrinologist's point of view without opposing the psycho-analytical trend of thought in the least.

RINGWORM. By John P. Turner, M. D., Medical Inspector of Public Schools, Philadelphia, Pa. Illustrated by eight half-tone engravings. Philadelphia: F. A. Davis Company, Publishers. 1921. Price \$1.00 net.

In the year 1913 the Reynolds Public School, Philadelphia, with a population of six hundred children, was badly infested with ringworm. About eighty cases were discovered, of which at least one-half were ringworm of the scalp. In view of the obstinate nature of the latter affection, the proper conduct of the school was a serious problem. Dr. Turner undertook the treatment of these cases in connection with his work as school medical inspector and effected a complete cure—a remarkable achievement deserving of medical notice.

Dr. Turner recommends the following treatment. In severe cases of Ringworm of the Scalp and Body have all the hair cut close. If there is only one isolated patch cut the hair close, the radius of an inch all around the area involved. The treatment consists of four stages, each occupying a few days, then a repetition if necessary.

First Stage: (Daily for four days.) Scrub the scalp or patch with castile soap and warm water. Then apply with a cotton probe, tincture of iodine.

Second Stage: (Daily for three days.) Following the scrubbing, rub into the parts thoroughly oil of cade.

Third Stage: (Daily for three days.) Following the scrubbing apply, by rubbing into the parts, ammoniated mercury ointment 20 per cent strength.

Fourth Stage: (Daily for three days.) Following the scrubbing, rub into the parts resorcin ointment 20 per cent. strength. Continue the treatment if necessary by beginning all over and going through the same routine until cured. Mild cases will yield readily, and the most obstinate will soon show signs of improvement. From one to fifteen courses of treatment will be necessary. Few cases fail to yield to four courses of treatment.

Sixty-Sixth Regular Semi-Annual Meeting
OF THE
SOUTHERN CALIFORNIA MEDICAL SOCIETY

Friday and Saturday, April 7th and 8th, 1922

Grant Hotel, San Diego, California

Officers

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ROBERT POLLOCK, M.D., San Diego.....	First Vice-President
HERBERT W. JOHNSTON, M.D., Anaheim.....	Second Vice-President
EGERTON CRISPIN, M.D., Los Angeles.....	Secretary-Treasurer

Friday

2 P. M.

Call to Order.

Reading of Minutes.

Reports of Committees.

Scientific Program

"Parasitic Diseases of the Skin in Southern California." (15 Minutes)

Dr. Moses Scholtz, Los Angeles.

Discussion opened by Dr. Samuel Ayres, Los Angeles.

"Radio Therapy in Diseases of Ear, Nose and Throat." (15 Minutes)

Dr. Andrew B. Wessels, San Diego.

Discussion by Dr. Lyell Kinney, San Diego.

"Appendicitis in the Female." (15 Minutes)

Dr. Henry P. Newman, San Diego.

Discussion opened by Dr. C. P. Thomas, Los Angeles.

"The Importance of Considering the Caloric Requirement of the Patient in Planning the Diabetic Diet." Lantern Slides. (15 Minutes)

Dr. Bertnard Smith, Los Angeles.

Discussion opened by Dr. Harold Smith, Los Angeles.

"The Efficiency of Mercurochrome in Cystitis, Due to Colon Bacillus," with case report. Lantern Slides. (20 Minutes)

Dr. R. H. VanDenburg.

Discussion opened by Dr. Robert Day.

Friday

8 P. M.

"The Diagnosis and Treatment of Nephritis."

Dr. W. D. Sansum, Director Potter Metabolic Clinic, Santa Barbara.

"Further Studies in Ventriculography." Lantern Slides.

Dr. Carl Rand, Los Angeles.

Saturday

9 A. M.

"Myocardial Insufficiency." (15 Minutes)

Dr. Ray Kent Barry, San Diego.

Discussion by Dr. Dudley Fulton, Los Angeles.

"Primary Carcinoma of the Lung."

(25 Minutes)

Dr. Walter P. Bliss, Clinical Presentation, Pasadena.

Dr. A. M. Moody, Pathologic Presentation, Pasadena.

Discussion by Dr. Roy W. Hammack and Dr. Robert Hill.

"Mononucleosis" with Case Reports.

(15 Minutes)

Dr. Verne Mason, Los Angeles.

Discussion by Dr. Walter Brem, Los Angeles.

"Preliminary Report of Cases of Pulmonary Tuberculosis Treated With the Partial Antigens of Much-Deycke, and Demonstration of Diapositives."

(30 Minutes)

Dr. Max Rothschild, San Francisco.

Discussion by Dr. A. L. Bramkamp, Banning.

Dr. Browning, Los Angeles.

Dr. Roblee, Riverside.

Saturday

2 P. M.

Applications for Membership.

Announcements.

Committee Reports.

Scientific Program

"Hematuria." (15 Minutes)

Dr. W. W. Wickett, Johnston-Wickett
Clinic, Anaheim.*Discussion opened by Dr. H. N.
Shaw, Los Angeles.*

"Ocular Irritations Due to Light." (15 Minutes)

Dr. Carl Fisher, Los Angeles.

*Discussion by Dr. A. C. Macleish, Los
Angeles.*

"Abscess of the Lung," with report of cases. (15 Minutes)

Dr. Chas. M. Fox, San Diego.

*Discussion by Dr. Samuel Robinson,
Santa Barbara.*

"Gas Cysts in the Intestine," with case report. (15 Minutes)

Dr. W. H. Mills, San Bernardino.

*Discussion by Dr. Thos. McHugh,
Los Angeles.*

"Intestinal Obstruction." (20 Minutes)

Dr. Burns Chaffee, Long Beach.

*Discussion opened by Dr. C. G. To-
land, Los Angeles.***Dinner at 6:15**

Dinner will be served in the Blue Room of the Grant Hotel at 6:15 sharp. The cost will be two dollars per plate. Reservations may be made up to 2 P.M., Saturday afternoon. A program is arranged for a number of brief live-wire talks pertaining to the Practice of Medicine.

Saturday

8 P. M.

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SOUTHERN CALIFORNIA PRACTITIONER

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APRIL, 1922

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DR. GEO. E. MALSBARY

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THE STOMACH

By **GEORGE E. MALSBARY, M.D.**, Roentgenologist, Los Angeles

We have previously discussed at some length the various signs and symptoms, laboratory tests and clinical manifestations of a number of the prominent diseases of the stomach, and have emphasized the importance of the X-ray examination in these diseases. It should not be inferred that we would belittle the clinical examination in affections of the stomach. The clinical examination is very important, as is a full consideration of the signs and symptoms and the laboratory findings. But any examination of the stomach is far from complete that does not include a thorough X-ray exploration by a competent observer. It is the modern method of inspection of the interior of the body.

We have discussed the normal stomach at some length, and have tried to show that the type of stomach should normally correspond to the type of the individual. Turning our attention now to the abnormal stomach, it naturally follows that a type of stomach that may be normal for a certain type of individual, may be abnormal for another

type. Thus, the steer-horn stomach, normally found in the broad type of body, should arouse suspicion of carcinoma or some other lesion when found in the tenteroptotic type of individual. Ulcer is comparatively quite rare in the steer-horn type of stomach, though occasionally found in the snail-form of stomach with acute flexion of the pyloric end toward the lesser curvature. A pseudo-steer-horn stomach is sometimes the seat or result of scirrhus carcinoma. The hook-form is often preserved in medullary carcinoma.

Not every distortion or deformity of the stomach is due to cancer. If such were the case, the roentgenological diagnosis would be simple indeed. The most common and confusing causes are the neuroses, especially the various gastros spasms. Other common causes, that must be taken into consideration in differential diagnosis, are ulcer, syphilis, and the various extrinsic causes, such as tumors outside of the stomach, ascites, increased abdominal pressure, and contraction of the abdom-

inal muscles. The leather-bottle stomach causes marked distortion.

The appearance described as hour-glass stomach is so striking as to have attracted considerable attention. Among the organic causes are ulcer, carcinoma, adhesions, and syphilitic or other tumors of the stomach wall. Congenital cases have been reported. Gastropasm is a common cause, and when persistent is often confusing to the diagnostician, sometimes requiring the use of an antispasmodic up to tolerance to clear up the differential diagnosis. Lesions of the gall-bladder, duodenal ulcer, and appendicitis are possible causes of the hour-glass stomach and markedly augment the difficulties of diagnosis.

Less striking but of more diagnostic importance are the niche of penetrating ulcer and the excavation produced by perforating ulcer. The niche, formed by the barium when the barium-buttermilk opaque meal is used, lodging in the crater of the ulcer, is most common on or near the lesser curvature of the pars media but may be found on other parts of the stomach. The excavation of ulcer extends as an accessory pocket outside of the gastric lumen.

Filling defects, extending into the lumen of the stomach, are characteristic of carcinoma, though found also in syphilis, benign tumor, varicosities and adhesions, and are sometimes simulated by gas or feces in the adjacent bowel, extrinsic tumors, remnants of food in the stomach, foreign bodies, and pressure of the spine, especially in kyphosis and lordosis. The filling defect of carcinoma is usually readily recognized by the skilled observer and is of very great value in diagnosis.

The narrow incisura, usually found on the greater curvature, caused by spastic contraction of the circular muscular fibers in the plane of an ulcer, often point to the presence and location of the

ulcer most significantly. Narrow incisurae may be produced also by causes other than ulcer, notably by adhesions and by spasm from causes outside the stomach. Wide incisurae, relatively shallow, are sometimes found opposite a carcinoma.

Alterations in tone, position and size of the stomach may be accurately observed during the X-ray examination. The importance of such alterations should be rationally evaluated. The hypertonic stomach is common in duodenal ulcer, but may result from extrinsic irritations, and may be found in normal or hypertonic individuals. The hypotonic stomach, normal in the asthenic, may occur pathologically in cases of long-continued obstruction at the pylorus, especially in ulcer, carcinoma, adhesions from gall-bladder disease and benign tumors. Gastropsis is not regarded as of much importance unless it interferes with the physiological action of the stomach. The size of the stomach may be diminished by spasm, starvation, hypertonus, carcinoma, syphilis, esophageal obstruction, increased abdominal tension, benign tumors, operative resection or gastroenterostomy. The stomach may be increased in size as the result of hypotonus, functional atony, or pyloric obstruction. The latter may be due to ulcer, carcinoma, adhesions or benign growths.

Abnormal peristalsis is often of diagnostic significance, though it is not always easy to draw the line between normal and abnormal peristalsis. Sluggish peristalsis with diminution in the number and depth of the waves, may be found in cases of low acidity, hypotonus, fright or disgust. More diagnostic import may be attached to general or local absence of peristalsis, hyperperistalsis, irregular peristalsis and antiperistalsis. General absence of peristalsis is found in the leather-bottle

stomach, extensive carcinoma, syphilis, and in general gastropasm. In such cases there is usually a gaping pylorus with ready emptying of the stomach and considerable deformity of the outline of the stomach. Localized absence of peristalsis over a limited area may be caused by a new-growth, inflammatory infiltration, adhesions or localized spasm. Hyperperistalsis is seen typically in duodenal obstruction, but may occur also in non-obstructive duodenal ulcer and from extrinsic irritations, especially in the gall-bladder and appendix. In the latter cases the waves are increased in number but are not so deep as in the cases of duodenal obstruction. Hyperperistalsis due to pyloric or prepyloric obstruction, is more irregular and affects especially the greater curvature. Antiperistalsis or reversed peristalsis, from the pylorus toward the cardia, has been found most frequently in pyloric stenosis, usually due to carcinoma or ulcer. It has been observed in the gastric crises of tabes and in neurasthenia, though such instances are apparently not common.

The motility of the stomach is much more accurately determined by the X-ray examination than in any other way.

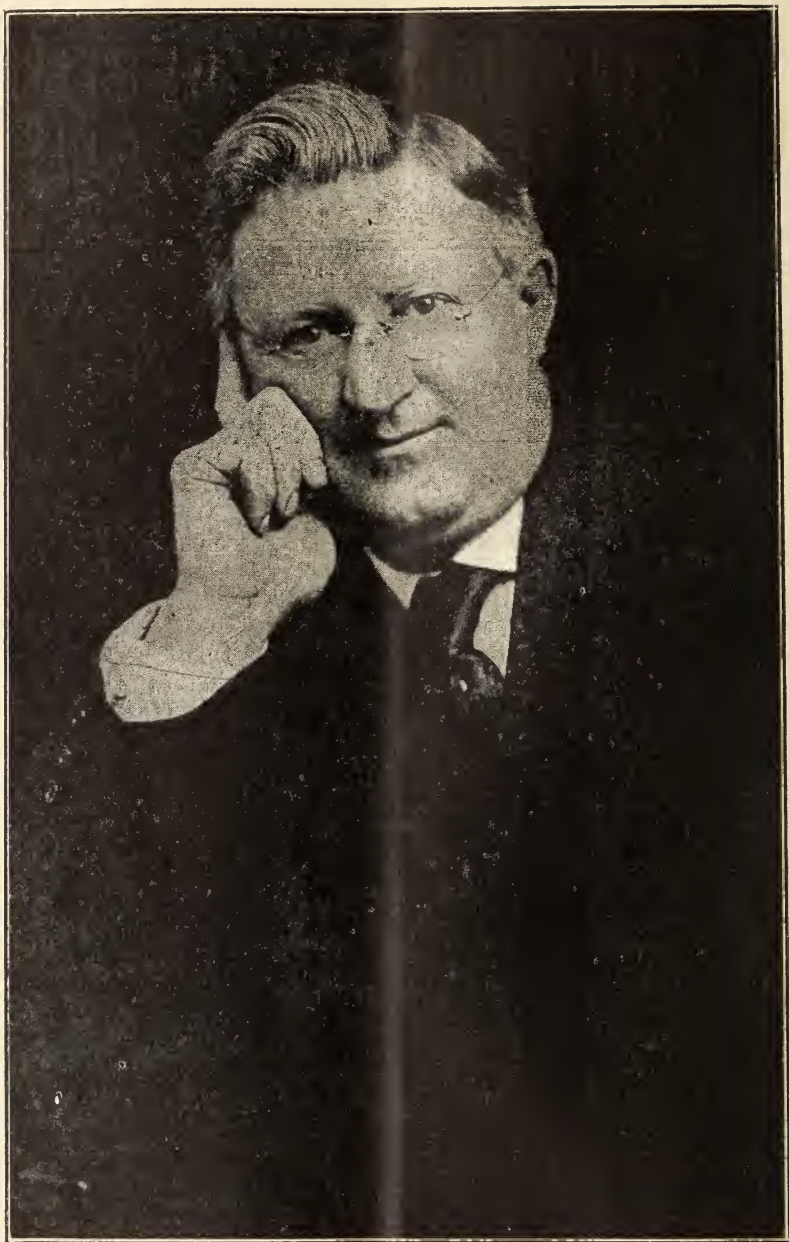
We have received so many inquiries recently regarding the modern X-ray treatment of hypertrophied tonsils, its efficacy and practicability, that a note at this time may not be amiss.

The X-ray treatment of hypertrophied tonsils has for its object the reduction of the lymphoid tissue, which has been shown by laboratory and clinical studies to be very susceptible to radiation. Relatively small doses are sufficient. With the atrophy of the lymphoid tissue thus induced, the crypts are smoothed out so that proper drainage occurs and any bacterial infection is thus eliminated. This was proven by Murphy and his associates in a series of forty-six cases treated

in the Rockefeller Institute. They demonstrated that thirty of these cases showed positive cultures for streptococci before treatment and were negative in a series of cultures made at intervals after radiation. The radiation has no bactericidal effect, but mechanically eliminates the infection by securing better drainage of the caseous material in the crypts. Therefore, the cases selected for X-ray treatment should be those in which a reduction of the lymphoid tissue will produce satisfactory results. Atrophic infected tonsils or buried abscesses are unsuitable for such treatment. The radiation required is much less than the skin erythema dose and will not produce dermatitis or injury to other than lymphoid tissue. The thyroid and pituitary are protected. In properly selected cases it is a satisfactory method of treatment. It has the distinct advantage of no anesthetics, and the absence of danger from hemorrhage and from pulmonary complications, such as lung abscess or inhalation pneumonia. It is especially indicated where cardiac, renal or pulmonary complications increase operative risk.

Location wanted where there are hospital facilities; married physician, aged 33; Protestant; 8 years successful general practice in Oregon; would prefer Southern California, have California license. Would consider partnership or with group. Can deliver the goods. O. A. W., care Southern California Practitioner.

Dr. J. A. Reilly, for a number of years medical superintendent of the Southern California State Hospital at Patton, has been appointed by Governor Stephens to succeed Ralph T. Fisher as director of the State Department of Institutions.



DR. HENRY BERT ELLIS

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EDITORIAL

VALE DR. H. BERT ELLIS

Dr. H. Bert Ellis died suddenly at his residence, 116 South Burlington street, April 15.

Dr. Henry Bert Ellis was born at Lincoln Center, Maine, May 17, 1863, a descendant of Governor Bradford of Massachusetts on the mother's side and of Thomas Davis, Lord Mayor of London, 1677, on the father's side. Dr. Ellis attended Collegiate School at Fredericton, New Brunswick, receiving his A.B. degree from Acadia College, N. S. Came to California in 1884. He received his M.D. degree from the College of Medicine, U. S. C., in 1888. Served as interne at the Los Angeles County Hospital. Was in general practice 1889-93, and since that time engaged in special practice—eye, ear, nose and throat. Formerly professor of physiology, College of Medicine, U. S. C., professor of ophthalmology in the Medical Department, U. of C. Attending ophthalmologist to Los Angeles County Hospital, member

of the Los Angeles County Medical Association, Southern California Medical Society, Medical Society of the State of California, American Medical Association, the American Academy of Medicine, the American Laryngological, Rhinological and Otological Society and the American Academy of Ophthalmology and Oto-Laryngology. Member of the California, Jonathan and University Clubs of Los Angeles, the Bohemian Club of San Francisco, the Union League Club of Los Angeles, Los Angeles Country Club and the Los Angeles Driving Club. Former secretary and president of the Los Angeles County and Southern California Medical Associations; former assistant secretary and ex-president of the Medical Society of the State of California, and former assistant secretary of the American Medical Association. Attending ophthalmologist to the Children's Hospital of Los Angeles. For a number of

years Dr. Ellis was editor of the Southern California Practitioner.

There are few men so fortunate in the number and loyalty of friends, for it is a rare gift to be so well able to make and retain friendships. Dr. Ellis has long been a leader in this community in the suppression of quackery and the

upbuilding and safeguarding of the medical profession.

To his widow, Mrs. Florence E. Ellis, and his sister, Mrs. Fred Bacon, we extend our sincere sympathy. In their loss the medical profession has lost one of its able leaders.

THE FEEDING METHOD OF THE VON PIRQUET SCHOOL

Pirquet¹ laid down a few fundamental principles which he has carefully worked out and which must be followed in order to be able to employ his feeding system.

Firstly:—Whatever food we employ, we must compare its nutritive value with that of **mother's milk**,—the basic food.

The author argues that Mother's Milk, which answers necessarily to all body requirements for the growing child, during its first year of existence, must consist of correct and proper food constituents, hence the term "Nem," which is composed of the first letter of each of the three word "Nahrung Einheit Milch" (Nutrition similar to Milk), or, "Milk Nutrition Value" of Nobel.

Secondly:—The amount of food one requires and will be able to assimilate in the course of twenty-four hours is in proportion to the square **surface** of the intestinal tract. If food in excess of this quantity be ingested it will not be absorbed, but it will pass out of the intestinal canal as waste matter.

Thirdly:—The square surface of the intestinal canal can be obtained from the "Sitz-Höhe" or the "Sitting-Height" of the patient.

Studying the various measurements of the digestive tract as worked out by Vjerordt,² Gundobin,³ and others, Pirquet came to the conclusion that the Square Surface of the intestinal ca-

nal is equal to the Square of the Sitting Height.

The "Sitz-Höhe" (Sitting-Height) is obtained by measuring the distance from the surface the patient sits upon to the topmost part of his skull (patient sitting undressed). In the case of an infant, it is best to lay the patient on its back, the thighs flexed, with buttocks against a fixed board, measuring from this board to the top of the patient's skull, employing the metric system.

The Sitting Height square ("Siqua"), is equal to the square surface of the intestinal canal.

Fourthly:—According to the Vienna School, it matters little what food we choose for our patient so long as the food contains as many "Nems" as the number of square centimeters of the patient's "Sitz-Höhe." The food quantity being weighed in the Metric System, one gram of Mother's Milk, **the basic food**, is equal to one "Nem," which is our measure.

The prescribed food should contain at least 10% and not more than 20% of Proteids.

The "Nem-worth" of every individual is not absolute, but varies between a **maximum** and a **minimum** level, the latter being the quantity of food that the individual requires when he is at a state of rest, in bed and kept warm. This figure is $\frac{3}{10}$ Nem or 3 Decinem "Siqua." This measure may be recommended at certain times when body

exercise is very limited or when it's necessary to give the digestive tract a rest, and only for a limited time. The former is 1 Nem or 10 Decinem "Siqua," which means so many Nems per the number of square centimeters of the patient's Sitting-Height. This amount of food is not usually employed, only in exceptional instances and when putting on of weight is essential. There is a point between these two extremes which the author has named the "Optimum" scale, and which is an arbitrary point. This is between 5 and 7 Decinem "Siqua" (Patient's Sitting-Height-Square). This measure is the one recommended by the author for the average case and includes 3/10 minimum, plus 1/10 for exercise, 1/10 for growth and 1/10 for taking on of weight, which makes a total of from 5 to 7 Decinem "Siqua" (5/10 to 7/10 Nem of Patient's Sitting-Height Square).

With this method of feeding one need not guess how much food a given child needs, nor do we measure the food requirements according to the age of the child. The aim of the author was to work out a scientific and at the same time practical method which would be easily understood by the laity as well as by the doctor.

Pirquet contends that the term calory is strange to the average mother, and therefore she is not apt to be interested and not apt to carry out our orders. With this system, however, we tell the mother, after we have calculated the quantity of food required, "give as much food as is equivalent to a litre of milk"—the basic of food—for instance. She immediately forms in her mind a concrete idea. She knows exactly what a litre of milk looks like, and will therefore take an active interest in the feeding problem of her child. Furthermore, Pirquet claims, we must acknowledge it being a fact, that the feeding

of children after one year of age largely depends upon the appetite and whim of the child or its mother. That very few children get the correct number of calories after the end of the first year of life. From then on only the quality of its food is considered, but not the quantity. This statement, we must admit, carries a good deal of truth. The usual directions to the mother are, "give the child **some** vegetables, **some** bread, **some** meat," leaving out the quantity.

Not alone is this method applicable to the feeding of a single individual, large groups of children. The American but is also adaptable to the feeding of an Relief Administration, feeding some 400,000 children in Austria, is employing this system with excellent results. Nobel has employed it in the feeding of a large army of soldiers with similar results.

Example:—For a child 1 year of age having a Sitting Height of 45 cm. His "Siqua" (Sitting Height Square) is 2025. Ten Decinem of his "Siqua" (the Maximum) food requirement (in round figures) 2000 Nem for 24 hours. Seven Decinem of his "Siqua" (the Optimum) food requirement, 1400 Nem for 24 hours. Three Decinem of his "Siqua" (the Minimum) food requirement, 600 Nem for 24 hours.

Knowing his food requirement (the number of Nems), the rest is a matter of arithmetic, after we have decided upon the form of food we wish to give to our patient. If it be milk we decided upon, it would be quite simple:

One gram of milk being equal to one "Nem," it follows that the patient needs: 2000 grams of milk for the Maximum figure, for the 24 hours; 1400 grams of milk for the Optimum figure, for the 24 hours; 600 grams of milk for the Minimum figure, for the 24 hours.

This would be quite simple, if we were always concerned with milk and

no other food. When we choose to give the patient some other form of food, we must calculate its food value by comparing it to that of **Milk** (finding its Nem-worth in the Pirquet table, prepared for this purpose). For example—one gram of Farina is equal to 6 Nems. In order to substitute Farina for 6 grams of milk we would only have

to give **one gram of Farina**, which is 6 Nems.

Example of menu for child 6 years of age, whose "Sitz-Höhe" (Sitting-Height) is 60 cm.:

His Siqua is 3600. Food required—7 Decinem Siqua (7/10) 2520 Nem (Optimum figure). In round figures, 25 Hekto Nem is the daily requirement. 100 Nem=1 Hektonem (HN).

The child receives:—

5 meals. 25 HN (Hektonem)		Figures denote number of grams.							
8 A.M.	7	Bread 30	Milk 100	Milk 100	Egg 1	Butter 8.5	Butter 8.5	Sugar 17	
10 A.M.	2	Bread 30	Marmalade 30						
1 P.M.	7	Bread 30	Meat 40	Meat 40	Potatoes 80	— 80	Pudding 30	Spinach 150	
4 P.M.	2	Cocoa 100	Cakes 50						
7 P.M.	7	Egg 10	Bread 30	Butter 8.5	Butter 8.5	Cheese —	Fruit 1.75	Milk 100	

The objection to weighing every article of food is soon overcome. The mother becomes accustomed to the quantity required, or by **measuring** instead of weighing (in a vessel of known quantity), is able to readily give the correct amount.

We may decide to feed the patient on Milk, but in concentrated form, so that each gram shall be equal to double or one and one-half times plain, whole milk, then enough sugar or flour to be added to the required amount. The child will then receive 500 grams of Milk, which is equal to twice the number of Nems of plain milk, made so by the addition of sugar or flour to the required amount. Such feeding is spoken of as "double nutrition" ("Dopple Nahrung").

When it is so concentrated that each gram is equal to $1\frac{1}{2}$ Nem we speak of it as "Sesquibo," or Food, that is "of one and a half nutrition." Example:

(1) Milk 500 grams ($\frac{1}{2}$ litre), 500 Nems (Equal nutrition) (Sibo); (2) Milk 500 grams plus 65 grams of sugar, 1000 Nems (Double nutrition) (Dubo). (One gram sugar—6 Nems.) Milk 500 grams plus 41.6 grams of flour equals 750. Nems (one and one-half nutrition) (Sesquibo).

Second Part:—Perhaps the most radical move that Schick has made is in the feeding of premature infants and new born. Schick's observations on the feeding of the new born led him to the conclusion that the vomiting during the first, second or third days of life is physiologic and therefore not a contraindication to feeding; the baby will not refuse the breast if fed artificially while waiting for the mother to get her breast secretion.

To quote Schick: "The child should not be expected to pay with starvation for the price of learning how to nurse on the breast."

Owing to the fact that the absorbing

surface of the digestive tract is very small **at birth**, the baby must be fed very concentrated milk in small quantities, 10 grams at a time, every 2 hours. He argues that the premature can ill afford to stand weight loss while waiting for a sufficient supply of mother's milk; it is necessary to feed the baby on concentrated food, and frequently. He begins with human milk plus 17% cane sugar, the quantity depending on the baby's "Sitting-Height." Mother's milk usually contains 6.7% sugar, and if we add to it 17% more, that gives us a milk that contains about 24% sugar, ordinarily considered an enormous sugar content. The author does not fear these enormous sugar feedings.

Schick writes on this subject:⁴ "After feeding this way 62 premature infants, I have lost all fear for the concentrated sugar and milk mixtures." (This was written over a year ago.) He does fear the low proteid content, hence he recommends, if concentrated feeding must be continued for a long time, it should be done with cow's milk, which has a larger proteid content (cow's milk has 3.2% of proteid, whereas mother's milk contains only 1.7% proteid).

Example:—A new born, weighing 1600 grams; its Sitting Height is 26 cm. The Sitting Height Square would be $676.3/10$, or 3 Decimen Siqua = 200 Nem (round figures). 100 grams Milk = 100 Nem; 17 grams sugar = 100 Nem; total 200 Nem.

The same principle of feeding small, concentrated feedings is employed for cases of severe vomiting and also for Pylorospasm, as well as in similar cases where we feel that the patient will not tolerate large quantities of food; we then give small, concentrated feedings, from 10 to 12, during the 24 hours.

All the new born children in the Schauta Clinic are started on such mix-

tures, supplementing mother's milk until the end of the first week, when the mother gets sufficient milk in the breasts.

The important point the Vienna School makes is that the food should be administered in a concentrated form.

In the treatment of Scurvy, Nobel⁵ makes the statement that feeding these cases on concentrated food, even though antiscorbutics, such as orange or potato juice, was not part of the diet, these cases rapidly improved and the symptoms of Scurvy disappeared readily.

A premature weighing 1600 grams, with a Sitting Height of 29 cm., would be given the minimum $3/10$ Siqua, which equals 252 Nems, in the form of human milk—130 grams plus 22 grams of cane sugar. This formula is divided into 12 meals for the 24 hours, giving a total of 250 Nems.

(Milk—130 grams = 130 Nems.)

Cane Sugar—20 grams = 120 Nems.)
250 Nems.

Professor Pirquet has "coined" a new lexicon which has more objectors than admirers. One must, however, regard these new terms as helpful tools especially adapted for the carrying out of a new piece of work. One can get along without them, but the work is greatly facilitated with them.

Some of the terms are as follows:—

Sibo—(Simplex Bovinum) Whole Milk, 1 gram = 1 Nem.

Siqua—(Sitz-Höhe Quadrat), Sitting Height Square.

Dubo—(Duplex Bovinum), Whole Milk and 17% Sugar, 1 gram = 2 Nem.

Duma—(Dopple Nahrung made of Skimmed Milk and Sugar), 1 gram = 2 Nem.

Dufa—(Dopple Nahrung made of Milk and Farina), 1 gram = 2 Nem.

Dufama—(Dopple Nahrung made of Skimmed Milk and Farina), 1 gram = 2 Nem.

Kuhrog—(Whole Milk and Cane Sugar), either as Simple Nutrition or Double Nutrition.

Other men in Vienna, even though they have not as yet adopted the Nem Feeding System in their institutions, indicate on their bedside charts the food requirements in terms of Nems and then convert these into calories. (One Nem =.65 calories.) This may be seen on the charts in the Wilhelminaspital, as well as in the **Reich's Anstalt**, although the men of both of these institutions are outspoken enemies to the "Nem System."

RESUMÉ

This feeding system of the Vienna School, especially for the prematures, is somewhat new, but at the hands of our colleagues abroad it has proved suc-

cessful. While the figures and measurements involved with the Nem System of Feeding are somewhat confusing at first, this soon becomes routine and simple. The average nurse can do all the figuring after a short practice. Although no English translation of Pirquet's four-volume System der Ernährung has as yet been published, the work has been translated and will be published in the near future.

REFERENCES

¹Pirquet's Ernährung System—Julius Springer—Berlin.

²Vierordt—Anatomische Daten und Tabellen—Jena—Fischer 1906—S. 117.

³Gundobin—Allgem. Med. Verlaganstalt—Berlin.

⁴B. Schick—Ernährungs studien beim Neugeborenen—Springer—Berlin 1920.

⁵Nobel—Zeitschrift für Kinder Heilkunde—Vol. XXXVIII.

TABLE OF FOOD ARTICLES AND THEIR NEM WORTH
(Figures on right-hand side denote proteid content.)

Nem in 1 gram					
12	Butter	(0)		Beans	(2)
9	Nuts	(1)		Carrots	(1)
8	Salomi	(2)	.5	Onions	(1)
6.5	Chocolate	(0)		Spinach	(3)
6	Sugar	(0)			
	Condensed Milk, sweet'd	(1)		Asparagus	(2)
	Cheese	(4)		Tomatoes	(2)
	Meat, fat.....	(2)	.2	Solot	(2)
	Bologna	(3)		Pickles	(2)
	Shell Fish.....	(9)			
3	Zweibach	(1)			
	Rice	(1)			
	Honey	(0)			
	Flour	(1)			
	Syrup	(0)			
	White Bread.....	(1)	.1	Meat Broth.....	(3)
4	Dates	(.5)			
	Raisins	(.5)			
	Sardines	(5)		Mother's Milk.....	(1)
5	Rye Bread.....	(1)		Cow's Milk.....	(2)
				Green Peas.....	(2)
	Cream	(1)	1	Grapes	(5)
	Herring	(5)		Bananas	(5)
3.3	Mushrooms	(3)		Figs	(5)
	Jam	(0)			
	Puddings	(1)			
			2	Liver	(5)
	Egg	(3)		Kidney	(5)
2.5	Chestnuts	(1)		Lean Meat.....	(6)
	Fresh Fruit.....	(4)	1.5	Brains	(3)
			1.25	Potatoes	(.5)
				Fresh Fruit.....	(5)
2.5	Smoked Fish	(3)	.6	Fruit Juices.....	(0)

EDITORIAL NOTES

United States Circuit Judge Erskine M. Ross is given some publicity in the Examiner of April 20, under the caption "Goat Glands Aid Judge Ross." Such is the penalty of greatness.

The following are the new officers of the Orange County Medical Association: Dr. J. C. Crawford, Orange, president; Dr. Bessica Raiche, Anaheim, vice-president; Dr. W. C. DuBois, Santa Ana, treasurer; Dr. Rowland P. Yeagle, Santa Ana, secretary; Dr. John Wehrly, Santa Ana, librarian; Drs. C. B. Ball, Santa Ana; J. H. Lang, Fullerton, and G. A. Shank, Huntington Beach, counselors.

Dr. W. A. Jones, of Arlington, has been appointed to take the place of Dr. E. H. Wood, medical superintendent of the Riverside County Hospital, who has been granted a leave of absence of one year.

The Orthopedic Hospital School for Crippled Children, in Brockman Court, Palm Drive, was dedicated Easter.

Long Beach has voted \$100,000 in bonds to establish a municipal hospital. Members of the committee appointed are Fillmore Condit, mayor pro tem., City Manager Hewes and City Attorney Hoodenpyl. It is reported that the committee will be aided by an advisory board of Long Beach physicians. What is an "advisory board"? Why not have physicians on the "Committee"?

Dr. Harold A. Fiske, for more than twenty years a prominent physician in Pasadena and a major in the Army Medical Corps overseas, died April 19 of pneumonia at the age of 49 years. He was a native of Vermont, a graduate of the University of Vermont, and served in France with Base Hospital No. 108. Our sympathy is extended to his widow, Mrs. Laura Mendenhall Fiske, and his little son born a month ago.

Dr. Alleyne von Schrader has opened offices at 137 Pine avenue, Long Beach.

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SOUTHERN CALIFORNIA PRACTITIONER

VOL. XXXVII

LOS ANGELES, MAY, 1922

NO. 5

Editor:

DR. GEO. E. MALSBARY

Associate Editors:

Dr. George L. Cole, Dr. W. W. Watkins, Dr. Ross Moore, Dr. Cecil E. Reynolds,
Dr. William A. Edwards, Dr. Andrew W. Morton, Dr. H. D'Arcy Power,
Dr. B. J. O'Neill, Dr. C. G. Stivers, Dr. Olga McNeile, Dr. W. H.
Dudley, Dr. J. M. Mathews, Dr. G. F. Boehme, Jr.

EDITORIAL

The sixty-sixth regular semi-annual meeting of the Southern California Medical Society was held in San Diego on the 7th and 8th of April, under the presidency of Dr. William Duffield. The secretary, Dr. Egerton Crispin, in conjunction with the Executive Committee, had prepared an excellent program, in which the centers outside of Los Angeles were well represented.

A large attendance at the opening session and at all the meetings, together with liberal discussions of the well diversified papers presented, helped make the meeting one of the most successful the Society has ever had.

Dr. Ray Lyman Wilbur, president of Stanford University, and Mrs. Wilbur were among the guests at a very successful dinner of one hundred and seventy-five covers, in the Blue Room of the Grant Hotel, Saturday evening. The presence of the ladies at this dinner added much to the occasion. Following the dinner the Society convened in the ballroom, where, after a brief talk on "Some Medical Ideals,"

by Dr. Percy Magan, the Society listened to the address of the evening on "Medicine, a Look Ahead," by Dr. Wilbur. Dr. Wilbur believes that the future of medicine is not necessarily what we may want it to be, but that it is purely a matter of adaption to the needs of man as an increasingly complex biologic and sociologic society.

On Friday evening Dr. Carl Rand of Los Angeles gave a well-prepared talk, illustrated with lantern slides, on "Further Studies in Ventriculography." Dr. Rand gave the history of the development of ventriculography and showed slides of his own work in outlining the cerebral ventricles by injecting them with air and making radiographs of the skull and brain.

The second paper of the evening was on "The Diagnosis and Treatment of Nephritis," by Dr. W. D. Sansum, director of the Potter Metabolic Clinic at Santa Barbara. Many other papers brought out good discussion: some of these were, a paper by Dr. Rothschild of San Francisco on "Preliminary Report of Cases of Pulmonary Tuberculosis," treated with the Partial Anti-

gens of Much-Deycke and demonstration of Diapositives. This paper was supported by a series of excellent slides showing the results of Dr. Rothchild's work. Dr. Moses Scholtz, of Los Angeles, read a well-prepared paper on "Parasitic Disease of the Skin in Southern California." Dr. Bernard Smith discussed the "Value of Caloric Requirements in the Diabetic Diet." Dr. Verne Mason discussed "Mononucleosis," adding a new case to the literature. Dr. Carl Fisher, of Los Angeles, read an interesting paper on "Ocular Irritation Due to Light." Dr. W. H. Mills, of San Bernardino, presented "A Study of Gas Cysts of the Intestine," adding a case of his own to the literature. There were many other interesting papers presented during the sessions.

The next meeting of the Society will be held in Los Angeles in November.

Normal Chest (Children Six to Ten Years of Age)

National Tuberculosis Association Medical Research

Conclusions of the X-Ray Division of the Committee

1. The Normal Chest. The normal chest of the child from the roentgenologic standpoint is subject to such wide variations within normal limits as to be beyond the possibility of exact description.

2. Hilum Shadow. The conglomerate shadow commonly called the hilum shadow, when found lying entirely within the inner third or zone of the lung area, can be disregarded (or regarded as normal), except where it is made up of a solid mass of homogeneous shadow, giving undoubted evidence that it represents a growth or mediastinal pleurisy.

3. Calcified Nodes. Calcified nodes

at the root of the lung, without evidence of lung disease, are of no significance except as a possible evidence of some healed inflammatory condition, possibly, but not necessarily, tuberculous. They are a common finding in normal chests.

4. Density and Thickness of Trunk Shadows. In the normal lung, the bronchial trunk shadows are not visible in the extreme apical regions. For convenience of description, the remainder of the lung is divided into three vertical zones, extending outward from the lateral border of the spinal shadow to the lateral chest border. The inner zone contains the root shadows.

The mid-zone contains the trunk shadows, gradually fading out into their final subdivisions.

The peripheral zone contains radiating lines from these, fading off before the periphery is reached.

Where in the mid-zone or peripheral zone, these shadows do not disappear in the characteristic fashion described, the appearance may be evidence of a variety of conditions, past or present, of an inflammatory nature or otherwise. It may accompany a tuberculous process, but is not necessarily indicative of tuberculosis.

5. Improper or Misleading Terms. The use of the terms "peribronchial tuberculosis" and "parenchyma tuberculosis" is not to be recommended in the interpretation of roentgenograms of the chest. Until corroborated by laboratory or clinical findings, the use of the terms "active" and "quiescent" should not be definitely applied to evident lesions demonstrated on plates.

(Signed) HENRY K. PANCOAST.

KENNON DUNHAM.

F. H. BAETJER.

May 6, 1922.

EDITORIAL NOTES

The Riverside daily papers announce that Dr. Ben O. Adams has received a signal honor in being elected a member of the American College of Surgeons.

Dr. G. E. McDonald, the new city Health Officer of Long Beach, receives a salary of \$5000 per year.

Mr. Celistine Sullivan and Dr. W. E. Musgrave, his coadjutor, have been giving the profession of Southern California a great amount of altruistic advice.

Dr. L. M. Coy, of San Bernardino, has been elected president of the San Bernardino County Medical Society, succeeding Dr. C. H. Curtis of Redlands. Other officers elected were: First vice-president, Dr. W. D. Lenker, superintendent of the general hospital; second vice-president, Dr. John A. Schreck of Redlands; secretary-treasurer, Dr. E. J. Eytinge of Redlands.

Dr. J. G. Mackey of San Fernando was recently married to Mrs. Abbie J. Greenfield of the same city. Dr. Mackey has been the leading physician of San Fernando for twenty years and is well known in Los Angeles.

The San Bernardino daily papers say that Dr. A. K. Johnson recently had 3767 gall stones removed from his gall bladder by Dr. C. D. Strong. The last report, Dr. Johnson was getting along very well.

At a recent meeting of the Pomona Valley Medical Society, Dr. J. E. Hubble was elected president; Dr. V. G. Alderson, secretary, and Dr. E. E. Kelley, counselor.

Dr. C. D. Ball and Dr. J. L. Dryer have been getting together much valuable information as to the history of the medical profession of Orange County. This is important work and should be taken up systematically in every county.

Dr. Sterling Newton Pierce, after an absence of four years, has returned to Los Angeles and will be associated with his uncle, Dr. Clarence W. Pierce, in the practice of his profession. Pierce was graduated from the Los Angeles High School and the University of Southern California medical department, and for a time was an interne at the Los Angeles County Hospital. In 1917 he entered the Medical Corps of the Navy, serving at Mare Island, Guantanamo, Cuba, New York, Bremerton, and at San Diego. He resigned with the commission of passed assistant surgeon.

Dr. H. C. Charles has established his home and office at 1421 South Garfield Avenue, Ramona Park.

Dr. J. R. Shay, from Johns Hopkins Hospital, has opened offices in the Ohio, at Redondo.

According to the local press, Dr. Phoebus Berman, resident physician of the Los Angeles County Hospital, has perfected a remarkable cure for bichloride of mercury poisoning.

Dr. J. Nelson Barnes, a well-known physician of Long Beach, died in that city on the second of this month, the victim of sudden heart failure. The doctor came from St. Louis four years ago.

The Angelus Hospital, the Clara Bar-

ton Hospital and the Los Angeles County Hospital united services in the graduation of forty-five nurses on the 12th of this month, at the Gamut clubhouse. The following is the list of graduates:

The Angelus Hospital—Grace Rebecca Bresse, Los Angeles, Cal.; Minnie Campbell, British Columbia, Can.; A. Gertrude Cole, Orange, Cal.; Kathryn R. Ryer, Orange, Cal.; Nellie E. Freeman, Santa Monica, Cal.; Lucy Mae Hafer, Orange, Cal.; Gertrude L. Lantz, Los Angeles, Cal.; Eva Levine, Hollywood, Cal.; Marion McClouskey, Glendale, Cal.; Edna Naomi Ozias, Whittier, Cal.; Eunice Mae Smith, Los Angeles, Cal.; E. Frances Swan, San Dimas, Cal.; Edna C. Yarnell, Alhambra, Cal.; Mildred Meyers Young, Youngstown, O.

The Clara Barton Hospital—Helen Jeanne Briggs, Santa Barbara, Cal.; Marie Charlotte Burgeson, Halland, Sweden; Madeline Guenste, Pittsburg, Pa.; Olive Emelia Johnson, Elmdale, Minn.; Rheta Lorraine McPhail, Calgary, Can.; Mildred Lenora Nichols, Riddle, Or.; Anna Prieckhocky Parry, St. Mikulas, Bohemia; Alice Manning Sheahan, Salt Lake City, Utah; Hyl-dred Irma Shelton, Butte, Mont.; Consuelo Martha Quint, Santa Monica, Cal.

The Los Angeles County Hospital—May Consaul, Kansas City, Mo.; Kitty Douthitt, Delta, Colo.; Ruth Georgia Dudley, Pasadena, Cal.; Ruth Elizabeth Ferguson, Los Angeles, Cal.; Helen D. Gladden, Los Angeles, Cal.; Rosina S. Hanns, Eugene, Or.; Joseph H. Harper, Los Angeles, Cal.; Agnes Gertrude Jackson, Los Angeles, Cal.; Ruth E. Jacobs, Los Angeles, Cal.; Ellanora Jenifer, Calipatria, Cal.; Charlotte Kanz, Furich, Switzerland; Adele E. Kemp, Los Angeles, Cal.; Julia R. Love, Memphis, Tenn.; Harriet E. Manahan, Beloit, Wis.; Rose E. Manahan, Beloit,

Wis.; Rose E. Melendres, Silver City, N. M.; Winnifred Patricia McKenna, Los Angeles, Cal.; Mary Nastold, Stuttgart, Germany; Alice L. Rice, Troy, New York; Agnes Sumner, Eugene, Or.; Theresa Young, Los Angeles, Cal.; Winifred Gladys Young, Sea-View, Isle of Wight, Eng.

Dr. Charles Adams has received his commission from Washington as a member of the Sawtelle Pension Board of Examiners. Dr. Adams, who is a graduate of the University of Iowa college of medicine, came to Los Angeles in 1904. After five years in the medical department of the Santa Fe, with the States of Arizona and New Mexico as his territory, he returned to Los Angeles, where he has since been engaged in general practice with the exception of two years in the Medical Corps of the Army during the World War. Dr. Adams is a member of Los Angeles Post, No. 8, American Legion, and the Masonic fraternity. In addition to being a member of the Los Angeles County Medical Association, he is affiliated with State and national medical organizations.

Dr. R. A. Cushman, of Santa Ana, is a man after our own heart since his impersonation of ye olde physician at the Yosemite meeting of the State Society.

The Zoological Society of San Diego, of Balboa Park, San Diego, is prepared to furnish antivenene by airplane delivery to anyone bitten by a poisonous snake. Requests may be made through Mr. Thomas Faulconer, of San Diego, telephone Hillcrest 3162 or Main 4892 or 66827.

Dr. William Monroe Lewis, founder of the Pacific Hospital, Los Angeles, died at his home, 2047 South Harvard

Boulevard, on the 19th of this month. The doctor was born in Greensburg, Ky., August 19, 1857, and came to Los Angeles in 1891. He established the Pacific Hospital in 1897. His wife died on February 11th and the doctor did not seem to recover from the shock, which seemed to lower his resistance. His passing is mourned by a remarkably large circle of friends, both in and out of the profession.

PACIFIC COAST ASSOCIATION OF ANESTHETISTS

The Pacific Coast Association of Anesthetists will hold its first scientific meeting at Yosemite, Yosemite Park, Monday and Tuesday, May 15-16, 1922, in conjunction with the meeting of the Section on Anesthesiology of the California State Medical Society.

A splendid scientific program of pertinent papers is in the making for this occasion and the sessions will offer those in attendance every opportunity to acquire an intimate knowledge of what is latest and best in the science and practice of anesthesia.

The Pacific Coast Association of Anesthetists was founded at Coronado, in May, 1921, through the united effort of the Southern and Northern California Societies of Anesthetists and other interested anesthetists of the Pacific Coast and Rocky Mountain States. At that time the constitution was adopted and officers for the first scientific meeting were elected.

Membership in the Pacific Coast Association of Anesthetists is open to all licensed and qualified members of the medical and dental professions, as well as to research workers holding doctorates of similar standing, who are, interested in advancing the specialty of anesthesia.

The meeting will be held at Yosemite, Yosemite Park, and as a large attendance is expected you are advised to make your reservations now. You are

afforded an opportunity of a wonderful sight-seeing trip as well as an unusual scientific meeting.

If you wish to present a paper during the meeting or section kindly notify the secretary at once, giving the title and brief abstract of same.

Send for and fill in the details of a Membership Application and return it with your check or money order for the annual dues (\$5) so that your Membership Card may be sent you in advance of the meeting. Also be sure and send the names and addresses of as many prospects for membership as you may know of.

Details regarding the annual dinner of the Association and other entertainments will be sent later with the preliminary program.

The following officers and Executive Committee will be in charge of the Yosemite meeting: George P. Waller, president; Mary E. Botsford, vice-president; Eleanor Seymour, secretary-treasurer; Executive Committee, Walter R. Crane, Caroline B. Palmer, R. L. Charles, D. E. Hoag, L. H. Maxson and Louise A. Oldenbourg.

The officers and Executive Committee will do everything they can to make this meeting interesting, instructive and enjoyable. Your cordial co-operation and support are solicited in launching the Pacific Coast Association of Anesthetists and the Section on Anesthesiology on successful careers for the benefit of all concerned.

This is an opportunity for all anesthetists of the Pacific Coast and Rocky Mountain States to find out what their associates know about the specialty of anesthesia and to exchange researches and clinical experiences, for the benefit of their specialty.

For further information address,

Yours fraternally and cordially,

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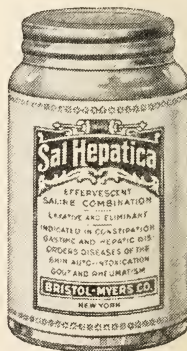
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SOUTHERN CALIFORNIA PRACTITIONER

VOL. XXXVII

LOS ANGELES, JUNE, 1922

NO. 6

Editor:
DR. GEO. E. MALSBARY

Associate Editors:
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Dudley, Dr. J. M. Mathews, Dr. G. F. Boehme, Jr.

The Underlying Principles in the Radiotherapy of Malignant Tumors at the Surgical Clinic of Professor Schmieden of the University of Frankfort

By Hans Holfelder, M.D.
University of Frankfort, Germany

1. Every operable cancer, with few exceptions, is operated and in addition receives prophylactic radiation afterwards. This radiation is carried out exactly as if the growth were still present.

2. Besides prophylactic after-radiation, radiation before operation is generally practiced, and is considered of great importance.

3. All inoperable cancers and all recurrence are radiated unless too advanced. In a certain proportion of cases, clinical healing will result in a further improvement sufficient to permit operation to follow the treatment, and in many cases the danger of bleeding, ichor and pains will be diminished or disappear, and the chance of metastasis be diminished.

4. Where the primary growth is operable but there are remote metastases in other organs, as, for instance, a primary cancer of the rectum with metastases in the liver, the primary

growth is removed by operation and the metastases in the liver are treated by X-rays alone.

5. Epitheliomata of the skin are exclusively dealt with by X-ray treatment.

6. The great majority of sarcomata are treated by radiation alone. The time has passed when amputations for sarcoma are made any longer in the Frankfort clinic. Apparent increase in size of growth following radiation should not lead to discontinuance of treatment or amputation.

7. Our methods have been mainly based on the technique of Sietz and Wintz. We have attempted to adapt their method, by means of the field selector and topographical sections of the body, to the field of surgery. We have enjoyed the privilege of close co-operation with the physical research laboratory of Professor Dessauer.

8. Improvement in the technique of X-ray treatments must be based upon

careful and accurate observations and practical experience carried over a long period of time, involving careful studies and adequate records.

9. The aim is to secure a homogeneous radiation of the whole seat of the disease, the dose to be determined by the biological qualities of the case.

10. Unscientific and improper radiation will gravely complicate any case and make ineffective suitable procedures applied afterward. The prognosis of improperly radiated cases is extremely bad.

11. Once a case has been radiated in a given institute it should pursue the treatment only at this institution and under the same responsibility. Surgical co-operation is of the greatest importance.

12. The frequent changes in technique and continual advances in the field of radiotherapy make it impossible to distinguish statistically between the value of operative and radiative treatment. We shall continue at the Frankfurt clinic along the lines indicated in this paper until the relative value of both methods is finally decided.

In the discussion Case declared: "We cannot talk about these patients as cured; it is almost beyond belief that we have attained anything like that. But very extensive recurrences have melted away at a hitherto unseen rapid rate; tumors have subsided after a single application; unusually prompt and marked relief from pain has been noted in a number of cases. In benign cases we have secured amenorrhea more quickly than before, just as we have secured quicker diminution of the metabolic rate in hyperthyroidism. In malignant cases we have seen improvement at a far greater rate than we

have ever seen before. We are very much encouraged and very hopeful. We have received encouraging surprises. I am glad to say that so far we have not had any bad results. We have had no patients who have been extremely sick; the sickest patient was a Hodgkins case."

Dr. Stern, in closing: "Dr. Case asked whether all surgeons have stopped operating on breast and uterine cancers. They have not. The majority are still operating. They have only stopped in gynecological clinics, where the surgeon in charge has also charge of the roentgenotherapy department. And it makes no difference to him whether he operates or radiates. He says he prefers radiation, because he gets a larger percentage of cures."

[The original paper was read before the American Roentgen Ray Society. We have given here the summary presented by Holfelder in that article, regarding the present status of our clinical experience and the indications which determine the handling of these cases at the surgical clinic in Frankfurt.—Editor.]

Halphen and Cottenot (Paris). Clinical Cure of a Spinocellular Cancer of the Larynx by Roentgenotherapy. (Rev. de. laringol., etc., Nov. 1, 1921.)

Despite the short interval since treatment, the result in this case is so clean-cut that the authors feel obliged to publish it. The diagnosis made by biopsy is beyond doubt.

EDITORIAL NOTES

It would seem that many of the citizens of San Diego are to be rejuvenated via the goat gland route. According to press reports, as per the San Diego Union of May 20th, hundreds of high class goats are to be shipped from San Diego to Ensenada by boat to furnish glands for patients at the new hospital, to be established by Dr. Benson, formerly of Kansas City and now of Ensenada. Wonderful possibilities!

Dr. F. H. Pritchard, needing more commodious quarters, is building an office adjoining his home on North Seventh Street, Colton.

Dr. Charles E. Ide, of Los Angeles, has opened offices in the Security Bank Building, Huntington Park, as a specialist in diseases of the eye, ear, nose and throat.

Redlands is planning a million dollar sanitarium on Redlands Heights. Those interested in the project include Dr. E. W. Burke of San Bernardino, Dr. W. P. Burke, Dr. J. L. Avey and Dr. Evan S. White of Los Angeles, Dr. M. J. Sweeney, H. R. Yerxa and H. A. Cherrier of Redlands.

Dr. D. C. Strong, of San Bernardino, is out and about after several months in the hospital following an injury to his leg.

A lot has been purchased at the southeast corner of Orange Street and Westlake Avenue from Dr. Will H. Smith, of 255 South Mariposa Avenue, to hide the \$200,000 home of the County Medical Association. It would seem that a club building and library worthy

of such an organization should be in a more prominent location. On the other hand, if it is really necessary to purchase cheap real estate, why not go out on North Broadway, following the example of the Barlow Library?

Dr. G. T. Harding, brother of the President, has been visiting his sister, Mrs. E. E. Remsberg, 1701 North Main Street, Santa Ana.

The Arizona State Medical Association met at Prescott, June 14th-17th, in the thirty-first annual session.

Horace L. White, Ph.D., has become associated with the Grant and Talbott laboratory.

Dr. Ed. N. Bywater, the well-known eye, ear, nose and throat specialist of Tucson, has been compelled to give up his practice because of failing eyesight and general poor health.

HUGHES' PRACTICE OF MEDICINE. Revised by R. E. Scott, M.A., B.C.L., M.D. (New York); Fellow of the N. Y. Academy of Medicine, etc. Twelfth edition, enlarged, revised, illustrated, octavo, 810 pages; cloth, \$4.00. P. Blakiston's Son & Co., Publishers, 1012 Walnut Street, Philadelphia.

A modern practice of medicine with sections on Mental Diseases and Diseases of the Skin. New sections have been added on Trench Fever; Notifiable Diseases; Poisoning by Wood Alcohol; Acidosis; Functional Activity of the Kidneys; Colman's Diet for Gastric Ulcer; Von Jacksch's Anemia; Lukemia; Disorders of the Salivary Glands; Sinus Irregularity; Premature Contractions of the Heart; Classification and Treatment of Mental Diseases. Numerous lesser additions and alterations, tests, etc., have been made.

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SOUTHERN CALIFORNIA PRACTITIONER

VOL. XXXVII

LOS ANGELES, JULY, 1922

NO. 7

Editor:

DR. GEO. E. MALSARY

Associate Editors:

Dr. George L. Cole, Dr. W. W. Watkins, Dr. Ross Moore, Dr. Cecil E. Reynolds,
Dr. William A. Edwards, Dr. Andrew W. Morton, Dr. H. D'Arcy Power,
Dr. B. J. O'Neill, Dr. C. G. Stivers, Dr. Olga McNeile, Dr. W. H.
Dudley, Dr. J. M. Mathews, Dr. G. F. Boehme, Jr.

EDITORIAL NOTES

BOOK REVIEWS

Dr. John Renfrew has been appointed eye, nose and ear specialist at the Receiving Hospital by Chief Police Surgeon E. R. Goodrich. The Receiving Hospital has long since ceased to be a one-man job. The staff includes Doctors Norman F. Dorn, Robert M. Duns-moor, Arnold E. Saverien, J. Francis Guyton, Wallace Dodge and Arthur J. Langan.

Dr. and Mrs. Frank Norton are off for the British Isles and Europe, studying the hospitals and clinics abroad.

Dr. Vistor Parkin, formerly resident psychiatrist at the County Hospital, has opened offices at 608 Hollingsworth Building.

The following are the new officers of the California Osteopathic Society; Harry W. Forbes, of Los Angeles, president; Ivie Still Wallace, of Fresno, vice-president; C. B. Rowlinson, of Los Angeles, secretary.

A TEXTBOOK OF HUMAN PHYSIOLOGY. By Albert P. Brubaker, A.M., M.D., LL.D., Professor of Physiology and Medical Jurisprudence in the Jefferson Medical College; formerly Professor of Physiology in the Pennsylvania College of Dental Surgery; formerly Lecturer on Physiology and Hygiene in the Drexel Institute of Art, Science and Industry. Seventh edition, revised and enlarged, with 367 illustrations. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia.

New facts, which throw light on hitherto obscure problems, relate in part to vitamins, the chemistry of the blood, the physiologic action of the heart, the action of the vagus nerve on the heart, the chemie relations of oxygen and carbon dioxide in the blood, respiration at high altitudes, the determination of heat production by modern calorimetric appliances, the secretion of urine, acidosis, basal metabolism, together with changes in the consideration of nerves and nerve mechanisms by which various physiologic activities are excited to and co-ordinated in action.

It is a pleasure to recommend this standard textbook on physiology to both students and physicians. It is unfortunate that not all physicians in active practice keep in close touch with the advances in physiology.

DENTAL AND ORAL RADIOGRAPHY. A Textbook for Students and Practitioners of Dentistry. By James David McCoy, M.S., D.D.S., F.A.C.D., Professor of Orthodontia and Radiography, College of Dentistry, University of Southern California, Los Angeles, California. With 116 illustrations; third edition. St. Louis, C. V. Mosby Company, 1922. Price \$3.00.

During the past few years, much of value has been added to dental radiography. This has not come entirely from new inventions or new developments in technique, but has been the result of its more universal adoption in dental practice with a consequent closer analysis of its true values and possibilities. With the development of any new science there is always born an enthusiasm which is apt to get out of bounds and carry its victims beyond the range of good balance, but with the backward swing of the pendulum which comes with more complete knowledge, affairs assume more rational proportions. This is true of the present status of dental and oral radiography. Without depreciating its value, for, in many instances, it is absolutely indispensable, we should realize that it is but one important link in the chain of successful diagnosis. To regard it otherwise is both unjust to it and to our profession.

McCoy has always been rational, and we are glad to welcome this third edition of his excellent textbook on dental and oral radiography.

LATERAL CURVATURE OF THE SPINE AND ROUND SHOULDERS. By Robert W. Lovett, M.D., Sc.D., Boston. John B. and Buckminster Brown Professor of Orthopedic Surgery, Harvard University; member of the International Society of Surgery; member of the British, French, Italian and American Orthopedic Societies; member of the Swedish Society of Medicine; member of the Royal Society of Physicians of Budapest. Fourth edition, revised, with 172 illustrations. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

A good deal of new material has been added, although no radical advances in the treatment of scoliosis have been made in the last few years. The great importance of mobilizing distorted spines constitutes the most

important change in the point of view. The anatomical part of the work is from the Anatomical Department of Harvard University, and much of the clinical work is from the scoliosis clinic of the Children's Hospital, Boston. Free use has been made of the chapters on Pathology and Occurrence in the admirable article on Scoliosis, by Schulthess of Zurich, recently published in Joachimsthal's "Handbuch der Orthopaedischen Chirurgie." Lovett gives the following summary of the value of the X-ray: The X-ray is of use in showing: (1) the existence of bony defects, numerical variation, or other anomalies of the spine; (2) the degree of distortion of the individual vertebrae; and (3) the degree and character of the curve. The results of X-ray photographs do not, as a rule, agree with the clinical appearances, the amount of curve in the X-ray being generally more than is indicated by the marks over the spinous processes. The amount of rotation is indicated in the X-ray by the position of the shadow of the spinous processes in relation to the shadows of their bodies, normally the spinous process appearing in the middle of the body. But the element of distortion in X-rays must be remembered. A patient is likely to be twisted by lying on the back if rotation is present, and any deviation of the tube from the middle line of the body is expressed as distortion of the vertebrae. Yet the X-rays today, taken under proper conditions, afford the best and most reliable index of the degree of the curve and progress under treatment.

Lovett is justly held in high esteem by those making a specialty of orthopedics. This monograph should be in the hands of every practitioner who essays to treat lateral curvature of the spine and round shoulders.

A TEXTBOOK OF GYNECOLOGY. By James Yong, D.S.O., M.D., F.R.C.S. (Edin.) Assistant Physician, Royal Maternity Hospital; Lecturer in Clinical Gynecology and Clinical Obstetrics, Edinburgh University; Late University Clinical Tutor in Surgery; Gynecologist, Provident Dispensary, Edinburgh; Examiner, Central Midwives Board for Scotland, etc. Containing 183 illustrations. New York, The Macmillan Company. London, A. & C. Black, Limited.

Hemorrhage at different periods of life is discussed concisely. The causes of uterine bleeding operate in different degrees at different periods of life. The various factors are shown in their order of importance at different periods as follows:

This is an excellent concise textbook on Gynecology, written especially for the student, a part of the Edinburgh Medical Series. The physician will find it reflects in concentrated form the Edinburgh teaching on the subject.

Period	Cause
At birth.....	Probably hormonal
Before puberty (rare).....	Malignant disease of uterus Malignant ovarian tumors Infection
Puberty to 20.....	Pregnancy Infection Mucous polypi Sarcoma of uterus (rare) Malignant disease of ovaries (rare)
20 to 30.....	Pregnancy Infection Mucous polypi Fibroids, cancer, sarcoma, chorionepithelioma (rare)
30 to menopause.....	Pregnancy Infection (endometritis, fibrosis) Mucous polypi Fibroids Cancer Sarcoma, chorionepithelioma (rare)
After menopause.....	Cancer Fibroids Pregnancy Infection

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We feel that the success of this case is due entirely to the wonderful defense. As medical men we followed your technique very closely and we wish to say that, in our opinion, you have a talent for this type of cases unequalled by anyone.

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SOUTHERN CALIFORNIA PRACTITIONER

VOL. XXXVII

LOS ANGELES, AUGUST, 1922

NO. 8

Editor:

DR. GEO. E. MALSBARY

Associate Editors:

Dr. George L. Cole, Dr. W. W. Watkins, Dr. Ross Moore, Dr. Cecil E. Reynolds,
Dr. William A. Edwards, Dr. Andrew W. Morton, Dr. H. D'Arcy Power,
Dr. B. J. O'Neill, Dr. C. G. Stivers, Dr. Olga McNeile, Dr. W. H.
Dudley, Dr. J. M. Mathews, Dr. G. F. Boehme, Jr.

EDITORIAL NOTES

Drs. Holleran, Owen, McHugh and Holleran have purchased the property at the southwest corner of Sixth Street and Burlington Avenue, which they will remodel into a medical office building.

It is reported that Griffith Jones, of Los Angeles, is the legal counsel for the Universal Chiropractors' Association.

Dr. E. L. Hicks, formerly of New York City, has opened offices in the Physicians and Surgeons Building, Phoenix.

Dr. Charles Francis Sebastian, son of the former Mayor, has opened offices in the Chapman Building.

BOOK REVIEWS

ROENTGEN-RAY TREATMENT OF CHRONICALLY INFECTED TONSILS AND ADENOIDS. By Charles A. Waters, M.D.; Paul B. MacCready, M.D., and Charles H. Hitchcock, M.D. From the Departments of Roentgenology, Laryngology and Bacteriology, Johns Hopkins Hospital. Baltimore, Maryland.

The following is a summary of this elaborate paper:

Eight cases, treated with two courses of four radiations each, are discussed from the point of view of the bacterial flora of the tonsils and pharynx. Seven were found definitely to harbor the hemolytic streptococcus. Three are regarded as incompletely studied. In three other cases, the hemolytic streptococcus persisted at least four weeks following the termination of treatment. Of the remaining two, one presented an approximately normal flora throughout. The other may be regarded as improved from the bacteriological point of view, but there is no proof that this improvement is persistent. There is no evidence that reduction in the size of hyperplastic tonsils by irradiation is accompanied by eradication of the carrier state in individuals harboring the hemolytic streptococcus in the tonsils.

General Conclusions

1. Roentgenotherapy causes a decrease in the size of chronically infected tonsils and adenoids, particularly in the large cellular glands, and less so in the small fibrous glands.

2. Our experience indicates that roentgenotherapy will not cause the hemolytic streptococcus to disappear permanently from the surface of the crypts of the tonsils, but will cause a small percentage of the palpable glands at the angle of the jaw to disappear. Out of 14 cases on which we have notes, one case showed the palpable glands completely disappeared. In 3 cases the glands were barely palpable, and in 2 cases the glands on the left side disappeared, and were still palpable on the right side. In the other 8 cases the glands were unaffected.

3. Clinically, roentgenotherapy gives relief from symptoms, but this may be only temporary. In some cases, the objective signs of the chronically infected tonsils do not disappear after this treatment; that is, the size of the tonsil is unchanged, the hemolytic streptococcus is still present, and the glands of the neck are palpable, although subjectively they are well. In the arthritis case mentioned above, this improvement might be due to the tonic effect of the X-ray.

4. Generalized use of X-ray for treatment of chronically infected tonsils and adenoids is not advisable.

Practically 100 per cent of chronic carriers of the hemolytic streptococcus and diphtheria can be cured by operative removal of tonsils and adenoids.

5. The X-ray treatment of tonsils and adenoids is especially indicated in those cases where a surgical operation is inadvisable—such as chorea, pulmonary tuberculosis, and cardiac and renal lesions. It is our impression that the greatest field of usefulness will be in the treatment of children. Children rarely have a chronic infection of the

tonsils comparable to that of adults. Their tonsils and adenoids are very cellular and of the type that responds most readily to roentgenotherapy. Their symptoms are largely due to hypertrophy of the lymphoid tissue in the throat and nasopharynx. It is possible that when the technique is perfected, roentgen-ray or radium treatment will entirely supplant surgical measures in children.

X-RAY TECHNIC FOR DIAGNOSIS. By John A. Metzger, M.D., Roentgenologist to the School for Graduates of Medicine, Medical Department, University of California, Southern Division, Los Angeles. With 61 illustrations. St. Louis, The C. V. Mosby Company. 1922. \$2.75.

Metzger is one of those who seem to enjoy teaching. He probably began when he was in the kindergarten and will not stop teaching when he enters the heavenly choir, if permitted to follow his natural urge. This volume of 144 pages on the Principles and Practice of X-ray Technic for Diagnosis is an excellent resume of the subject, well up-to-date, suited to the requirements of beginners in the art, who desire to qualify as technicians. There are some errors, such as the use of the term "anteroposterior" for the reverse, on pages 38 and 39. But doubtless these will be corrected in succeeding editions. The technic recommended by Metzger varies markedly from that used by the reviewer. That is to be expected, for as yet the standardization of technic is far from complete. Excellent work along this line has been done by Prof. Ed. C. Jerman in the study of the ratios and variations of technic required in radiographing the various parts of all sorts of human bodies, thick and thin, great and small. Jerman's simple factors make this phase of technic easier for the beginner.

Metzger's Technic is at least one of the very best on the market and doubtless will have an enormous sale.

SOUTHERN CALIFORNIA PRACTITIONER

VOL. XXXVII

LOS ANGELES, SEPTEMBER, 1922

NO. 9

Editor:

DR. GEO. E. MALSBAR Y

Associate Editors:

Dr. George L. Cole, Dr. W. W. Watkins, Dr. Ross Moore, Dr. Cecil E. Reynolds,
Dr. William A. Edwards, Dr. Andrew W. Morton, Dr. H. D'Arcy Power,
Dr. B. J. O'Neill, Dr. C. G. Stivers, Dr. Olga McNeile, Dr. W. H.
Dudley, Dr. J. M. Mathews, Dr. G. F. Boehme, Jr.

Sixty-Seventh Regular Semi-Annual Meeting

of the

SOUTHERN CALIFORNIA MEDICAL SOCIETY

Friday and Saturday, Nov. 3rd and 4th, 1922

K. C. Auditorium, 612 South Flower Street, Los Angeles

Officers

WILLIAM DUFFIELD, M.D., Los Angeles.....	President
ROBERT POLLOCK, M.D., San Diego.....	First Vice-President
HERBERT W. JOHNSTON, M.D., Anaheim.....	Second Vice-President
EGERTON CRISPIN, M.D., Los Angeles.....	Secretary-Treasurer

Friday

2 P. M.

Call to Order.

Reading of Minutes.

Reports of Committees.

Scientific Program

"The Effect of Irradiation on the Skin."

(10 Minutes)

Dr. Kendal Frost, Los Angeles.

Discussion by Dr. Moses Scholtz, Los Angeles, and Dr. Albert Soiland, Los Angeles.

"Should Immunization Against Dip'theria be Applied Universally?" (12 Minutes)

Dr. Andrew J. Thornton, San Diego.

Discussion by Dr. A. J. Scott, Los Angeles, and Dr. A. M. Moody, Pasadena.

"The Treatment of Empyema." (15 Minutes)

Dr. Charles Sturgeon, Los Angeles.

Discussion by Dr. Sidney Burnap, Los Angeles, and Dr. C. P. Thomas, Los Angeles.

"Indication for the Mastoid Operation."

(10 Minutes)

Dr. John Osburn, Los Angeles.

Discussion by Dr. Turner F. Roberts, Los Angeles, and Dr. Eugene Lewis, Los Angeles.

"Some Aspects of Tendon Transplantation."

Slides (20 Minutes)

Dr. Walter Baldwin, San Francisco.

Discussion by Dr. John Dunlop, Los Angeles, and Dr. Ellis Jones, Los Angeles

"A New Diagnostic Sign in Thyro-Toxicosis." (10 Minutes)

Dr. Henry Lissner, Los Angeles.

Discussion by Dr. Hernan Zeiler, Los Angeles, and Dr. Willard Stone, Pasadena.

"The Applicability of Alkalinization in the Treatment of Tuberculosis." (12 Minutes)

Dr. Frank Porter Miller, Los Angeles.

Discussion by Dr. Carl Howson, Los Angeles, and Dr. Frank Pottenger, Los Angeles.

Friday

8 P. M.

"New Light on High Blood Pressure."

An Analysis of Sixteen Thousand Measurements on University Freshmen and High School Students.

Dr. Walter Alvarez, San Francisco.

"Experimental Studies of the Etiology of Diseases of the Nervous System with Lantern Slide Demonstration: Motion Pictures of Animals Demonstrating the Symptoms Produced by Injection of Material from Patients with Lethargic and Other Forms of Encephalitis, Epidemic Hiccough, Spasmodic Torticollis and Chorea."

Dr. E. C. Rosenow, Rochester, Minn.
Professor of Experimental Bacteriology, Mayo Foundation.

Saturday

9 A. M.

"Common Diagnostic Errors in the Diseases of Children." (10 Minutes)

Dr. Hugh K. Berkley, Los Angeles.

Discussion by Dr. Ezra Fish, Los Angeles, and Dr. Robert Ramsey, Los Angeles.

"Hospital Standardization Applied to Industrial Work." (12 Minutes)

Dr. John Bacon, Miami, Arizona.

Discussion opened by Dr. Wayland Morrison, Los Angeles.

"Myocardial Lesions in Hearts with Normal Rhythm as Demonstrated by the Electro-Cardiograph." (Slides)

1. Mechanism (10 Minutes)

Dr. Howard F. West, Los Angeles.

2. Clinical Application. (10 Minutes)

Dr. Arthur Stanley Granger, Los Angeles.

Discussion by Dr. Avery Newton, Los Angeles, and Dr. Verne C. Mason, Los Angeles.

"Studies in Fat Digestion." (12 Minutes)

Dr. Marion M. Null, Los Angeles.

Discussion by Dr. Horace White, Ph.D., Los Angeles, and Dr. Bernhard Smith, Los Angeles.

"Cervical Repair Following Confinement," with Lantern Slide demonstration.

(15 Minutes)

Dr. Titian Coffey, Los Angeles.

Discussion by Dr. Harry Voorhees, Los Angeles, and Dr. J. Morris Slemmons, Los Angeles.

"The Importance of the Recognition of Congenital Foot Deformities."

(10 Minutes)

Dr. John Dunlop, Los Angeles.

Discussion by Dr. William Arthur Clark, Pasadena, and Dr. John Wilson, Los Angeles.

"Suprarenal Tumor." (12 Minutes)

Dr. Rexwald Brown, Santa Barbara.

Discussion by Dr. L. P. Kaul, Los Angeles, and Dr. Charles Lockwood, Pasadena.

Saturday

2 P. M.

Election of Officers.

Report of Committees.

Scientific Program

"Pathologic Gall Bladder." (15 Minutes)

Dr. Lyell Kinney, San Diego.

Discussion by Dr. F. C. Swearingen, Pomona, and Dr. William Bowman, Los Angeles.

"Cancer of the Cecum." (12 Minutes)

Dr. Harlan Shoemaker, Los Angeles.

Discussion by Dr. W. H. Bushirk, Los Angeles, and Dr. O. O. Witherbee, Los Angeles.

"Delayed Bowel Movement Type of Constipation."

Lantern Slides (15 Minutes)

Dr. Ernest Fishbaugh, Los Angeles.

Discussion by Dr. Walter Wessels, Los Angeles, and Dr. F. A. Speitz, Los Angeles.

"Discussion of the Causes of Certain Bad Results Following Cholecystectomy." (15 Minutes)

Dr. Rea Smith, Los Angeles.

Discussion by Dr. Andrew Stewart Lobingier, Los Angeles, and Dr. C. Van Zwalenburg, Riverside.

"A New Method of Perineal Prostatectomy." (10 Minutes)

Dr. Arthur Cecil, Los Angeles.

Discussion by Dr. Wirt Dahin, Los Angeles, and Dr. Garville McGowan, Los Angeles.

"Lantern Slide Demonstration of Lesions of the Right Colon and Terminal Ileum Causing Symptoms of Intestinal Toxemia." (15 Minutes)

Dr. R. G. Taylor, Los Angeles.

Discussion by Dr. Roland Cummings, Los Angeles, and Dr. Clarence Moore, Los Angeles.

Saturday

8 P. M.

"Factors in the Continued Development of the Physicians."

Dr. Louis Wilson, Rochester, Minn.

Director of Mayo Foundation.

EDITORIAL NOTES

Early on the 7th of this month, fire destroyed the Taft Hospital, operated by Mrs. M. Burton.

Dr. John A. Reily, who has been director of the State Department of Institutions since last April, under temporary appointment by Gov. Stephens, resigned from the office on the 10th inst. to return to his former position of Medical Superintendent of the Southern California State Hospital at Patton.

Dr. John W. Trueworthy, prominent physician of this city for the past thirty years, died September 10th at the age of 80 years. He had formerly practiced in Emporia, Kansas. He was a well-beloved Mason, and was active in his medical practice until shortly before his death.

Dr. William A. Weldon, of San Pedro, died September 7th at the age of 58 years, of which 38 years were passed in this county. He graduated from Bowdoin Medical School in 1883 at the age of 20 years. He was well known and respected throughout the state and leaves a host to mourn his passing.

San Bernardino, Riverside and San Luis Obispo counties are being considered as favorable locations for the establishment of health laboratories and clinics by the Rockefeller Foundation. Dr. Platt W. Covington of New York is the representative of the Foundation.

The American Roentgen Ray Society met at the Ambassador the first week of this month. The report of five deaths of radiologists from aplastic anemia, in a paper by Pfahler, attracted considerable attention and much discussion as to the best means

of prevention of such fatalities among workers. The better X-ray laboratories, as a rule, employ ample safeguards against all such accidents. The chief danger lies with the cheaper laboratories that are not well equipped. In the discussion of modern X-ray treatment, possibly the most striking report was that of two cases in a series of eight, in which cancer of the stomach was apparently cured. The possibility of rescuing one-fourth of these dreadful cases seems almost too good to be true. Let us hope these observations will be substantiated by further work. The social phase of the meeting was well taken care of by the able entertainment committee, of which Soiland was chairman. The entertainment was so varied in character, it would be difficult to conceive of anyone who would not have been pleased by at least some if not all of it.

Alleging that the Southern California Telephone Company is charging an unjust and discriminatory rate amounting to an increase of 150 per cent over the rate charged before January 1, last, a complaint asking the establishment of a "reasonable" rate and the return of the excessive charges was filed with the State Railroad Commission yesterday by thirty-seven physicians and attorneys.

The complaint is based on the charges made for the joint users of extension phones, with inter-communicating and desk receiving stations. The petitioners say the company is collecting "discriminatory rates" in addition to the rates assessed against the patrons of the inter-communicating systems. They allege that in addition to the regular \$9 monthly charge, further charges are being made which bring the average bill of the extension users up to \$13. The physicians whose names are listed are:

H. G. Brainerd, George B. Hunter,

E. H. Williams, John V. Barrow, E. L. Armstrong, C. H. Criley, Harold P. Hare, Richard C. McClosky, Clinton A. Burrows, F. R. Silverthorn, Howard F. Rand, August H. Larson, E. H. King, W. W. Worster, Florence Keller, C. P. Thomas, W. H. Olds, Charles L. Bennett, R. C. Dundas, V. C. Armstrong, Marcia A. Patrick, H. E. Southworth, George W. Jones, D. C. Ragland, F. A. Foye, Thomas B. Cunnane, Philip J. Cunnane, K. L. Dieterle, W. S. Beasley, W. L. Quill, William Barnhart, E. L. Waggoner.

The attorneys signing the petition are: James G. Owen, Lucius M. Fall, James M. Hull, Frank L. Rabe and Henry M. Willis.

DR. LYDSTON CLAIMS HE MADE FIRST TESTS ON HUMANS

Asserting that patience has ceased to be a virtue and implying that silence likewise has ceased to be as golden as it is alleged to be, Dr. G. Frank Lydston, noted Chicago surgeon, now residing in Hollywood, has opened war on "quacks" who have claimed priority in transplanting of human glands. His attack was launched in the current issue of the Illinois Medical Journal and is said to have created considerable of a furore in surgical circles.

"Little flies on the chariot wheels of progress, who are chiefly concerned with the lay publicity incident to alleged priority," is the term applied to the "quacks" in the article printed over Dr. Lydston's signature, without editorial comment.

"There has been considerable discussion of late as to priority in gland transplantation work," reads the article, "notably by quacks and by certain newspaper medical publicity artists, the pivotal points of whose ideas of scientific research are reporting their

cases and commercially exploiting their patients in the daily press.

First Himself

"In January, 1914, I was the first to successfully transplant a gland from one human being to another. At that time I was the first successfully to transplant a gland from the human dead body to the human living body.

"The recipient of the gland was myself, hence I was the first subject upon whom a successful implantation was done.

"As a corollary, I was the first, and thus far the only surgeon to implant a gland of any kind from either the living or the dead, for experimental or any other purpose, on his own body.

Gave Lectures

"I was the first to demonstrate by published photographic and stereopticon slides, in public lectures, a gland which has been successfully implanted and later removed (four months and nine days after implantation) for study and presentation to the profession.

"To briefly sum up my work in gland implantation, I was first to deliver the goods. Further, I believe, to date I have done more implantation work than all other operators combined, and I make the foregoing claim advisedly.

"The priority claims of a certain distinguished gentleman from Paris, he asserts, were made by newspaper men to whom he never granted an interview. This makes me smile, as I know the facts.

"But as he finally wrote me and acknowledged that he never had any experience with the human gland and performed his single monkey gland operation three years after my work appeared and wasn't a surgeon, anyway, I would consider him disposed of had he not recently broken into newspaper print about the possibilities of transplantation of other glands and organs.

Charges Thefts

"As all of this stuff appeared in my papers of 1914 and in my book of 1917, and the gentleman deliberately stole the rest of his stuff from my work, I infer that he is still faithfully reading my brochures. He is certainly a dog for punishment.

"I have tried to be good-natured through the various discussions and thefts of my work and I have been rather patient. I think, with certain persons, but if 'some of the flies on the wheel' are not more circumspect I certainly shall take my 'swatter' in hand.

"Every scientific discovery suffers at the hands of quacks, ignorant or commercial camp followers and alleged research writers whose scientific work bears the same relation to true scientific work as the late Buffalo Bill's histrionic efforts bore to the real drama. Gland implantation is no exception to the rule. But I think it is here to stay and is destined to be the foundation of a rational and comprehensive gland therapy which will be of incalculable value."

Delherm and Thoyer-Rojat (Paris). Radiologic Study of the Great Vessels of the Base of the Heart. (Gaz. d. hop. May 21, 1921, xciv, 40.)

In the normal subject the descending aorta and the other large vessels escape investigation. If we wish, for example, to determine the caliber of the aorta, a special device, the beginnings of which go back to 1912, may be invoked. A framework for the support of the patients is mounted on a turntable, the axis of rotation corresponding to the posterior mediastinum. In the frontal position of the standing patient the visibility of the aorta is low, because it is so largely masked by bone shadows. Nevertheless, this very absence of definition is of diagnostic

value because it indicates a normal vessel. To obtain a correct idea of diameters it is necessary to use the oblique positions. Rotated 30 degrees to the right anterior oblique position, the vertebral shadow tends to dissociate itself from the cardiac shadow, the latter traveling to the observer's right and the former to his left. At 30 degrees a thin thread of light appears between the aortic shadow and the vertebral column, corresponding to the posterior mediastinum. The aortic image is not easily read. This is the optimum position, as further rotation will introduce new elements. The caliber may now be obtained by orthodiagraphic methods. As a check on the measurements the subject may now be rotated to the left anterior oblique position at an angle of from 30 to 40 degrees. The authors mention only the ascending aorta in this connection. This position is the one adapted to mensuration of the pulmonary artery. The article concludes with remarks on aortitis, aortic aneurysms and pathological states of the pulmonalis and cava, which are of sufficient interest for a separate study.

BOOK REVIEWS

THE HISTOLOGICAL CHANGES INCIDENT TO RADIUM AND X-RAY TREATMENT OF UTERINE CARCINOMA. By O. Frank and I. Amreich, Vienna. (*Surg. Gynec. Obst.*, August, 1921.)

The writers have attempted, by means of serial sections of excised tissue, to learn the time of greatest action of radium or X-rays and the point at which their effects begin to lessen. The radium treatments were given with 50 mg. of radium in a platinum or brass filter (thickness not stated) and 1 cm. of cotton and rubber, for twelve hours. This was repeated at intervals of one to two days for five treatments. The X-ray treatment consisted of a dose of 18 h., using 3, 11 Benoist penetration, 22 cm. skin distance, 3 mm. of brass, 0.5 mm. zinc, and wood or chamouis four times as thick, forty minutes to each field. Eight or nine fields were covered, three or four in front, four

behind and one perineal. The series was repeated after six weeks. The same histological changes were observed after radium and after X-ray treatment. These were: First, edema, then enlargement of the cells, carcinoma nest penetration of lymphocytes, vacuolization and hyaline changes. The first changes were noted on the third and fourth days. The influence of the rays was greatest between the fifth and seventh days. The rays were no longer effective after the fortieth day when the genoeptors of the cells became active and caused proliferation. They conclude that carcinoma cells respond more quickly to X-rays than to radium and do not show the stages marked by swelling of the cell body. They advise the use of the X-ray in treating the parametrium and the glands.

TEMPORARY DISTURBANCES DUE TO LOCAL ANESTHETICS. By Ellison L. Ross, Ph.D., M.D., Chicago. From the Department of Physiology and Pharmacology. Northwestern University Medical School.

In his article, published in the October issue of the *Journal of Laboratory and Clinical Medicine*, Ross reaches the following conclusions:

1. Submucous injections of adrenalin and cocain bring on systemic reactions similar to those produced by intravenous injections of the drug.
2. Submucous injections of cocain and adrenalin are capable of causing enormous increases in arterial and venous pressures. The intracranial venous pressure was increased relatively twice as much as the arterial pressure.
3. Cocain and adrenalin, when injected submucously, act strongly synergistically.
4. Sufficient cocain is absorbed from sponging the pharynx with 20 per cent cocain to increase markedly the sensitivity of the system to the action of adrenalin.
5. Novocain in a concentration of 20 per cent does not neutralize to any great extent the synergistic action of cocain and adrenalin.

SOUTHERN CALIFORNIA PRACTITIONER.

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LOS ANGELES, OCTOBER, 1922

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Editor:

DR. GEO. E. MALSBARY

Associate Editors:

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Dr. William A. Edwards, Dr. Andrew W. Morton, Dr. H. D'Arcy Power,
Dr. B. J. O'Neill, Dr. C. G. Stivers, Dr. Olga McNeile, Dr. W. H.
Dudley, Dr. J. M. Mathews, Dr. G. F. Boehme, Jr.

EDITORIAL NOTES

Dr. Robert M. Culler has opened offices in the Continental Manor, 2014 State street, Santa Barbara. The doctor recently retired from the Medical Corps, U. S. A., after serving eighteen years in all grades from lieutenant to colonel.

Dr. F. E. Blaisdell, a graduate of Stanford and formerly city physician in San Francisco, has recently become associated in practice with his uncle, Dr. Allen Peck, of Wilson court, Santa Paula.

The following officers of the State Board of Medical Examiners were re-elected for the ensuing year October 17: H. T. Phillips of Santa Cruz, president; H. V. Brown, Glendale, vice-president, and Charles B. Punkham, San Francisco, secretary.

From the Long Beach Press of October 13 we learn that "HIGH PROFES-

SIONAL HONOR IS AWAITING DR. HARRIMAN JONES." A portion of two columns is devoted to a eulogy of the American College of Surgeons, which is to confer a fellowship on this well-known Long Beach physician. It is unfortunate that the Doctor was unable to secure at least some reduction in the bombastic laudation of himself. The Press probably meant well, but the profession looks with disfavor upon such personal publicity.

The new officers of the Southern California Homeopathic Medical Society are: Dr. Charles Salisbury, president; Dr. Herman Lishner, San Diego, first vice-president; Dr. Margaret Koch, second vice-president; Dr. LeRoy Bailey, secretary-treasurer.

BOOK REVIEWS

PREGNANCY AND LABOR AFTER RADIATION OF A MYOMATOUS UTERUS. By Streiger, Berne. (*Schweiz. med. Wchnschr.*, November 24, 1921.)

The patient was thirty-nine, had borne four children 1907, and then had no conceptions until 1914, when she had an abortion in the tenth week. She entered the clinic June, 1917, with a fibroid uterus. She also had exophthalmic goitre (a condition believed to favor sterility). She was rayed three times—June 7, June 21 and July 3. The tumor was now seen to be smaller. She was given a series of two sessions between July 19 and Aug. 2. Tumor now notably smaller. Menstruation July 19 and July 28, each lasting three days. Seen again the following November (1917). Amenorrhea since September 22. Goiter worse, and the thyroid was treated with the rays until May, 1918. This condition was notably improved. She had received some X-ray treatment of her neck before consulting for fibroid. Next seen October 8, 1919; believed herself pregnant. Seen January 14, 1920. Fetal heart sounds heard. Confined April 20. Infant born at term. Unable to nurse it. Child strong, well formed. Menstruation resumed. Fibroid size of fist. Goitre became aggravated during pregnancy. This case shows that despite radiation of the ovaries (of a woman not likely from her clinical history to conceive) conception took place and gestation went to full term, the child being free from malformation. The author theorizes at great length.

OPiate ADDICTION. By Edward Huntington Williams, M.D. Formerly Associate Professor of Pathology, State University of Iowa; Associate Editor of the *Ency. Brit.* (Tenth Edition); Assistant Physician, New York State Hosp. System; Special Lecturer on Criminology and Mental Hygiene, State University of California; Author of "Mental Hygiene," "The Walled City," "A Story of the Criminal Insane," "The Question of Alcohol," etc., etc. New York. The Macmillan Co. 1922. Price \$1.75.

In this volume opium addiction is treated as a medical entity, a definite condition, requiring the services of the physician. It contains much of practical value to physicians, who must at times be called upon to treat opiate addiction. Withal it is so well written that reading becomes a pleasure, notwithstanding the difficult subject matter. It is a remarkably clear, readable

and helpful, practical dissertation, by a competent physician, and deals with the subject in a safe and sane manner, avoiding dangerous extremes.

THE HISTOLOGICAL CHANGES INCIDENT TO RADIUM AND X-RAY TREATMENT OF UTERINE CARCINOMA. By O. Frank and I. Amreich. Vienna. (*Surg. Gynec. Obst.*, August, 1921.)

The writers have attempted, by means of serial sections of excised tissue, to learn the time of greatest action of radium or X-rays and the point at which their effects begin to lessen. The radium treatments were given with 50 mg. of radium in a platinum or brass filter (thickness not stated) and 1 cm. of cotton and rubber, for twelve hours. This was repeated at intervals of one to two days for five treatments. The X-ray treatment consisted of a dose of 18 h., using 3, 11 Benoist penetration, 22 cm. skin distance, 3 mm. of brass, 0.5 mm. zinc, and wood or chamois four times as thick, forty minutes to each field. Eight or nine fields were covered, three or four in front, four behind and one perineal. The series was repeated after six weeks. The same histological changes were observed after radium and after X-ray treatment. These were: First, edema, then enlargement of the cells, carcinoma nest penetration of lymphocytes, vacuolization and hyaline changes. The first changes were noted on the third and fourth days. The influence of the rays was greatest between the fifth and seventh days. The rays were no longer effective after the fortieth day when the genocptors of the cells became active and caused proliferation. They conclude that carcinoma cells respond more quickly to X-rays than to radium and do not show the stages marked by swelling of the cell body. They advise the use of the X-ray in treating the parametrium and the glands.

SOUTHERN CALIFORNIA PRACTITIONER

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DR. GEO. E. MALSBARY

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THE DIETARY CONTROL OF THE ACIDITY OF THE BODY

By DR. W. D. SANSUM, Santa Barbara

There are a number of diseases which are improved when the general acidity of the body is reduced. This is especially true in the treatment of nephritis (kidney disease), high blood pressure, migraine, rheumatism, etc. This is easily accomplished by selecting the foods which are basic (alkaline) in nature. Such lists of foods have been prepared by Sherman and Gettler from ash analysis and tested in man by Dr. N. R. Blatherwick.

The following tables have been prepared from their work and are now being used in the solution of basic diets.

Neutral Foods

These may be used in the amounts desired by the patient, unless otherwise stated:

Butter
Cornstarch
Cream
Lard
Sugar
Tapioca

Base or Alkali-Producing Foods

In general all vegetables, nuts and fruits with the exception of prunes, plums and cranberries are basic in nature. A partial list of such foods is given below. These may be used in the amounts desired by the patient. The total excess of base over acid is expressed in terms of cc. of a normal solution:

	Per 100 grams
Almonds	12.38
Apples	3.76 ⁺
Asparagus81
Bananas	5.56 [*]
Beans, dried.....	23.87
Beans, Lima, dried.....	41.65
Beets	10.85
Cabbage	4.34
Carrots	10.82
Cauliflower	5.33
Celery	7.78
Chestnuts	7.42
Currants	5.97
Lemons	5.45
Lettuce	7.37
Milk, cow's.....	2.37
Muskmelon	7.47 ⁻

Oranges	6.61*
Peaches	5.04
Pears, dried.....	7.07
Potatoes	7.19*
Radishes	2.87
Raisins	23.63
Turnips	2.68

*These foods have been found experimentally to be most efficient in reducing the acidity of the body.

Basic (Alkaline) Diet

Example as served.

BREAKFAST

Baked Apple with Cream

Bacon

One slice Toast

Butter

Marmalade

Orange Juice

Coffee

DINNER

Cream Soup

Baked Stuffed Potatoes

Beets in Cream Combination Salad

One slice Bread Butter

Olives

Pineapple Bavarian Cream

SUPPER

Escalloped Potatoes

Buttered Peas and Carrots

Fruit Salad.

One slice Bread Butter

Nut Ice Cream Cocoa

MID-MEAL DIETS

10 A.M.	3 P.M.	9 P.M.
Buttermilk	Fruit Juice	Hot Milk

Note: Cornstarch is used as a thickener. Lemon juice is substituted for vinegar in salad dressing.

Acid-Producing Foods

Many of these foods should not be used. A few of the less acid ones may be used in the amounts specified for each case. The total excess of acidity over base is expressed in terms of cc. of a normal solution:

	Per
	100
	grams
Bread	2.7
Bread, whole wheat.....	3.0
Corn, sweet, dried.....	5.95
Crackers	7.81
Cranberries	*
Eggs	11.10
Egg white.....	5.24
Egg yolk	26.69
Fish, haddock.....	16.09
Fish, pike.....	11.81
Meat, beef, lean.....	13.91
Meat, chicken.....	17.01
Meat, frog.....	10.36
Meat, pork, lean.....	11.87
Meat, rabbit.....	14.80
Meat, veal.....	13.52
Oysters	30.00
Oatmeal	12.93
Peanuts	3.9
Prunes, Plums.....	*
Rice	8.1

*The ash of these articles is alkaline in nature but because of the benzoic acid which they contain, which in turn is changed to hippuric acid by the body, they increase the acidity of the body.

THE HOMOGENEOUS X-RAY IN THE TREATMENT OF FIVE HUNDRED CASES OF HYPERTRICHOSIS. By Albert C. Geyser, M.D., New York.

In the current issue of The Urologic and Cutaneous Review, Geyser concludes his article as follows:

In 1911 I reported my first series of cases of hypertrichosis with the X-rays. (Hypertrichosis and Its Treatment. American Journal of Dermatology, Vol. XV, No. 11, 1911.) In 1915 appeared my second paper. (A Resume of 200 Cases of Hypertrichosis Treated with the Roentgen Ray. Journal of Cutaneous Diseases, July, 1915.) In 1919 I made a complete report. (The Status of the X-ray in Hypertrichosis. The Urologic and Cutaneous Review, Vol. XXIII, No. 2, 1919.)

Up to 1919 I recommended the use of the Roentgen ray as a depilatory agent only as a last resort. Since that time 300 additional cases have been treated. During the last three years there has not been a single nor any other undesirable result. Instead, therefore, of using the Roentgen ray as a last resort I am now in a position to recommend it as the method of first choice.

THE NATURE OF DISEASE AND ITS NATURAL THERAPY

By ALBERT P. MATHEWS, Ph.D., Cincinnati

(These are the summary and conclusions of a rather elaborate paper presented before the Cincinnati Academy of Medicine.)

Not only are asthma, hay fever and eczema due to an anaphylactic sensitization of the body, or special parts of it, to certain specific proteins, but the hypothesis is advocated that all infectious disease, as well as many which are really or apparently non-infectious in nature, are also due to specific anaphylactic sensitization of the body to strange or partly digested proteins, coming either from parasites, from food or from other sources. There is, therefore, one mechanism for all, or nearly all, disease. Only a few, like tetanus and diphtheria, have added to this mechanism an additional poisoning by a soluble secreted toxin.

The process of sensitization consists in the development of hyper-sensitivity or irritability on the part principally of the nervous system, but of other tissues as well, toward certain specific substances. The disease is hence specific. The symptoms vary with the particular tissue hyper-sensitized.

Immunity is due also to this hyper-sensitivity to the bodies of the bacteria, which causes a prompt and vigorous reaction when the bacteria are re-introduced. This is the fundamental reaction of immunity rather than antibody formation.

The new theory is suggested that, inasmuch as most or all disease is due to a single mechanism, i. e., anaphylactic sensitization, the natural cure of disease is a single non-specific process. It consists in desensitizing the tissues of the body by means of partially digested proteins derived from the body's own tissues by a process of autolysis. These

albumoses, peptides or other substances probably desensitize by replacing in the sensitized cells the sensitizing substance. The cells are accordingly no longer irritated, the bacterial protein products entering the body cease to be toxic, and as a result all symptoms of disease subside. The brain loses its restlessness and goes to sleep; oxidation is reduced and the temperature falls to normal or below; the capillary wall, no longer irritated, no longer pours out plasma; the bronchiole musculature relaxes and respiration becomes easier; the heart picks up its load; the kidneys, no longer poisoned, renew their activity and help in getting rid of the sensitizing substance.

The natural therapy of disease is hence a non-specific protein therapy and we now have a theoretical basis of all this therapy which has hitherto been lacking. The injecting of vaccine, albumoses, extracts of plants, of seeds, of various glands, etc., are all curative probably because of their desensitizing action. The non-specific protein therapy, so called, is in reality the natural therapy.

The foregoing conception explains also why an attack of one chronic disease will often cure a chronic disease of another kind, phenomena which were inexplicable on the current view that the cure is specific. It explains also how blisters, setons, ulcers, irritating plasters, acupuncture and other means of producing autolysis, may have a therapeutic action, since in all these there is a reabsorption of partially digested, desensitizing protein products.

Finally, it is suggested that desensitization may be produced also by a casting off of the sensitizer from the sensitized tissue on virtue of a vital reaction of the tissue produced by other

substances than proteins. But this possibility has hardly yet been examined sufficiently to permit positive conclusions and awaits further experimentation.

EDITORIAL NOTES

Dr. Thomas L. Rogers has been appointed police surgeon at Long Beach. Dr. Frank D. Sweet is the other police surgeon.

The following, from the Los Angeles Herald of November 6, might be classified as "interesting if true":

DOCTORS DISCUSS 'DYNAMO' THEORY OF S. F. PHYSICIAN

Dispersing to their homes today, delegates to the convention here of the Southern California Medical Association held excited individual discussions on the theory propounded by Dr. Albert Abrams, San Francisco savant, who asserted that the human body is electricity, and electricity only.

A man's thoughts, his emotions, all his senses are merely vibrations from a wonderful, natural dynamo, said Dr. Abrams.

Many of the scientists in attendance at the convention were inclined to doubt Dr. Abrams' "discovery" as "materialistic" and opposed to all principles of theology. Others, however, gave more credence to the San Francisco doctor's hypothesis, declaring it to be equal in potent force to Professor Einstein's theory of relativity of matter.

Dr. John Hagan has returned to Phoenix and opened offices at 209 Goodrich building.

Dr. J. D. Reed, of Covina, wedded Mrs. Emma Henry October 21. The doctor is very well known throughout the San Gabriel valley, and the wedding was quite an agreeable surprise to his many friends.

Dr. I. M. Feldkamp, of 2227 South Garfield avenue, Ramona Acres, has been appointed health officer. The vacancy was created by the recent resignation of Dr. J. A. Maronde.

Dr. David Thomson, recently of Clifton, Arizona, has opened offices in the Walker building, at Burbank.

Plans for a building, to be known as the Physicians and Surgeons Bldg., are being prepared by Architects John and Donald B. Parkinson. The building will be on West Sixth Street near Alvarado street, a class A building of eleven stories, costing \$875,000. This should not be confused with the proposed office building at Sixth and Lucas streets, contemplated by some physicians from the Good Samaritan Hospital, plans for which are being prepared by Architects Dodd and Richards. Another building for physicians is being considered by the California Lutheran Hospital group, to be located near that hospital. And there is also the Bryson promise. So that it is quite within the realm of possibility that the expansion of the medical profession in this city will be adequately met.

The following are the new officers of the Southern California Medical Society: Dr. Robert Pollock, San Diego, president; Dr. F. L. Rogers, Long Beach, first vice-president; Dr. Joseph Swindt, Pomona, second vice-president; Dr. Egerton Crispin, Los Angeles, secretary-treasurer. The next meeting will be at Long Beach next April

The following is from the Press, of Santa Barbara, under date of October 18:

So many inquiries have followed publication of articles regarding the success of the Potter Metabolic Clinic at the Cottage Hospital in treating diabetes that hospital authorities have prepared a general statement to send in reply to these inquiries.

The statement follows:

"The article which appeared in the New York Times of Sunday, October 8, 1922, is authentic.

"All of the patients ill with diabetes, thus far treated by us, regardless of the severity of the disease, have responded by becoming sugar-free and free from acidosis on diets sufficiently high to insure a steady gain in weight.

"We are manufacturing a limited supply of this new pancreatic extract, Insulin, and shall continue to manufacture it for our own use only until such a time when an ample commercial supply is available. It is not for sale by us and to date we have not charged patients for it. The method of extraction is a long and expensive one. This expense has been met by generous contributions to our research funds. Additional contributions are urgently needed at this time to speed the advancement of the work.

"The extract is given hypodermically twice per day. Other methods of administration have not yet been found. In so far as we know now a continuous administration of the extract is necessary, although apparently as the patient's tolerance improves a decreasing amount of the extract is needed.

"At present and in justice to the many existing, near-fatal cases of diabetes, we can accept for treatment only the severest ones. Milder cases must wait with patience until a larger supply is available. There should be an ample, commercial supply in the course of six months or a year when the medical profession will be informed of this advance through the usual channels."

BOOK REVIEWS

PULMONARY TUBERCULOSIS, ITS DIAGNOSIS AND TREATMENT. To the Members of the Medical Profession with the Compliments of the Manufacturers of Fellows' Compound Syrup of Hypophosphites.

We were agreeably surprised at the excellence of this brochure, issued to

the members of the medical profession with the compliments of the manufacturers of Fellows' Compound Syrup of Hypophosphites, 26 Christopher St., New York. If you have not received your copy, it is to your interest to write them for it.

MANAGEMENT OF THE SICK INFANT. By Langley Porter, B.S., M.D., M.R.C.S. (Eng.), L.R.C.P. (Lond.); Professor of Clinical Pediatrics, University of California Medical School; Visiting Physician, San Francisco Children's Hospital; Consulting Pediatrician, Babies' Hospital, Oakland; Consulting Pediatrician, Mary's Help Hospital, San Francisco, and William F. Carter, M.D., Assistant in Pediatrics and Chief of Out-patient Department, University of California Medical School; Attending Physician, San Francisco Hospital, San Francisco. Illustrated. St. Louis, C. V. Mosby Co. 1922. Price \$7.50.

The authors' statement in their "Foreword," that they "have been unable to find any textbook in the English language which deals exclusively with the peculiarities of disease as it occurs in infants," is rather striking, especially when made by gentlemen holding professorships in the University of California. Furthermore, their puerile attitude towards the assistance afforded by the X-ray is unfortunate. The absence of reproductions of radiographs gives the volume a rather antiquated appearance. However, within a space of 654 pages we find much that is commendable and that must be of very great help to the writers in their teaching, though the list of fifty-four illustrations would scarcely be applicable to the requirements of advanced students. We find in it no mention of the recent Vienna work on infant feeding, basing the food value on normal mother's milk as a normal unit, using the sitting-height to calculate the individual requirement as to quantity. Altogether, we are disappointed in the first edition of this work.

BACTERIOLOGY. By Robert L. Pi field, M. D. Pathologist to the Germantown Hospital; Late Demonstrator of Bacteriology at the Medical-Chirurgical College, Philadelphia; Visiting Physician to St. Timothy's Hospital and Chestnut Hill Hospital, Philadelphia. Fourth edition with 4 plates and 82 other illustrations. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut St. Price \$2.00 net.

This edition maintains the excellence of its predecessors as a worthy member of the well-known Compend series.

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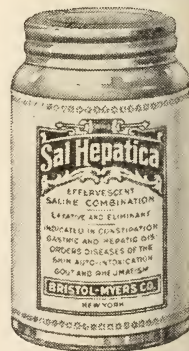
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SOUTHERN CALIFORNIA PRACTITIONER

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BOOK REVIEWS

TAYLOR'S PRACTICE OF MEDICINE. 12th Revised Edition. 111 illustrations, including 24 plates. 8vo. xv+980 pages. Cloth. \$7.50. By E. R. Poulton, M.D., Physician to Guy's Hospital, London; with assistance of C. Putnam Symonds, M.D., Assistant Physician for Nervous Diseases, Guy's Hospital, London; and H. W. Barber, M.B., Physician-in-Charge, Skin Department, Guy's Hospital, London. P. Blakiston's Son & Co., Publishers, 10-2 Walnut Street, Philadelphia.

From the Preface:—"No time or trouble has been spared in making the revision complete, and there are few articles in which something new has not been incorporated, so great has been the recent activity in medicine."

The range of medicine has increased so much of late that it is almost beyond the powers of a single individual to cover the whole ground. Sir Frederick Taylor and Sir William Osler will perhaps be the last to have made the attempt.

Among the new articles in this edition may be mentioned the following: Encephalitis Lethargica, Gas Gangrene, Poisoning by Arseno-benzol, Poisoning by Irritant Gases, X-ray Examination of the Heart, Fractional Test Meals, Aerophagy, Gastro-Jejunal Ulcers, Coeliac Disease, Diverticulitis, Functional Tests of the Liver and Pancreas, Blood Transfusion, Reaction of the Blood and Acidosis, Basal Metabolism, Osteitis Deformans, Intermittent Hydrarthrosis, Accessory Food Factors, Hunger Osteomalacia, Hunger Oedema, Psychology and Psychopathology, Psychasthenia, Mental Analysis, the Schick Test, Vanden Bergh's Test in Jaundice and Digitalis Treatment.

DISEASES OF THE SKIN. By Henry H. Hazen, A.B., M.D. Professor of Dermatology in the Medical Department of Georgetown University; Professor of Dermatology in the Medical Department of Howard University; Sometime Assistant in Dermatology in the Johns Hopkins University; Member of the American Dermatological Association. Second edition. 211 illustrations, including 2 color plates. St. Louis, C. V. Mosby Co., 1922. Price \$7.50.

Hazen employs a milliamperage of 5, a spark gap of $7\frac{1}{2}$ inches, time of one and one-quarter minutes, and a focal skin distance of nine inches. Any one who will take the trouble to train himself in the method of work described by Hazen can at any time be sure of the dose that he wishes to deliver, and patients can be sent from one operator to another with assurance. The day of X-ray burns should be over, for it has been definitely proved that there is probably no such thing as idiosyncrasy and that practically all skins react to the X-rays in the same manner, provided that we keep certain general laws in mind; namely, that a blonde skin will show an erythema sooner than will a brunette skin, and that a child will react more readily than will an adult, and that the skin of the face and over the joints will react more readily than in other portions of the body. It must also be remembered that in certain diseases, such as rosacea and mycosis fungoides, there may be a severe reaction from little ray.

The X-rays exert certain definite effects upon the tissues:

1. They cause atrophy of the glands and of the hair follicles.

2. They relieve pain and itching.
3. In small doses they have a stimulating effect upon cell growth.
4. In large doses they will destroy any tissue with which they may come in contact, but they have a selective action, first destroying cells of lowered resistance, as cancer cells.

Hence the X-rays have the following uses in dermatology:

1. To remove hairs—this is not advisable in hypertrichosis, but is the best treatment in syccosis, ringworm of the scalp, etc.
2. To cause atrophy of the glands, as in acne rosacea, hyperidrosis, and certain other conditions.
3. To destroy pathologic tissue, as cancers, warts, etc.
4. To give an anodyne effect.
5. To stimulate the skin, as in lichen planus, and certain forms of so-called eczema.

The Kromayer lamp is advocated in a wide variety of diseases, but among the more conservative dermatologists it is used for acne usually with rather indifferent results, for seborrheic conditions of the scalp, where it is but little better than the usual lotions and ointments; for alopecia areata with the usual questionable results; for acute infections of the skin, where it may really be very useful; for vascular nevi, where at times brilliant near cures without scarring can be obtained, and lastly for lupus erythematosus, where Hazen confesses complete failure, although some other men have claimed excellent results. According to Hazen, this lamp is by no means necessary to the dermatologist.

AN OUTLINE OF THE MEDICAL SERVICE OF THE THEATRE OF OPERATIONS. By M. A. W. Shockley, Lt. Col. Medical Corps, U. S. A. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut Street.

This study has been rewritten from lectures and conferences given at the General Service Schools, U. S. A., during the sessions of 1919, 1920 and 1921 for use as a text or reference book for line, general staff and medical officers. Many purely medical details have been omitted. The matter has been thoroughly revised to conform to the organizational and tactical requirements of the new army organization and the new medical service nomenclature. The medical service tactical and administrative doctrine has been co-ordinated

with combatant doctrine by actual test at the General Service Schools and conforms to the doctrine of the Surgeon General's Office.

MEDICAL ANNUAL. Fortieth year, 1922. New York, William Wood & Co. Price \$5.00.

In an article which we think our readers will peruse with interest and pleasure, Sir W. I. de C. Wheller writes on "Surgery, the Advance of." Much of what he says applies equally to medicine and the whole range of research connected with both subjects. He says: "If not from day to day, at all events from year to year, the outlook of the operating surgeon must alter. It is no use when young deciding what is best in surgery and developing to the utmost a system based on the work of contemporary leaders in the belief that it will suffice for a lifetime. Think of the manufacture of motor cars, and compare the engines of today with those of ten years ago; the small improvements in carburetor, magneto and essential parts have in a decade produced an almost perfect machine. The danger is that as we grow older, and our minds less receptive, we may miss in surgery the cumulative effect of small advances. We learn another lesson by noting the incredulity and seething disbelief, the merciless and destructive criticism, which accompanied such epoch-making discoveries as anesthesia and antiseptic surgery." He remarks that the art of surgery is now so wide that no man can expect to be expert in all branches, and yet a knowledge of all branches should, in the interests of science, be brought to bear on almost every surgical or medical case. X-rays, both for purposes of diagnosis and treatment, constitute one of the advances of medicine and surgery to which we have grown accustomed; but, as will be gathered from Mr. Thurstan Holland's articles (Electrotherapeutics, Radiotherapy, X-ray Diagnosis), the methods and appliances are undergoing steady improvement, like the motor car to which Sir W. I. de C. Wheller alludes.

The most important advance in radiotherapy during the year has been the Erlangen technique in the treatment of malignant disease. This provides a much stronger current than has formerly been available. By means of a special apparatus, working at a 16-inch

spark gap with 2 to 5 ma. passing through the tube, filtered by $\frac{1}{2}$ mm. of zinc, a practically homogeneous stream of X-rays results. A measured dose of the stream will definitely kill cancer cells.

We congratulate this pioneer firm of American medical book publishers on the fortieth anniversary of the Medical Annual. Its annals afford an excellent history of modern medicine.

PRACTICAL ORGANOTHERAPY. By Henry R. Harrower, M.D., F.R.S.M. (Lond.) Third edition, 1922. The Harrower Laboratory, Glendale, Calif.

Harrower is one of the leading students of the present day of the intricacies of endocrinology. He has established here one of the largest if not the largest plant devoted exclusively to the production of endocrine remedies. This, the third edition of his Practical Organotherapy, is larger and better and of more practical value than ever. It should have a large sale, for practically everybody in active practice is interested in the development of our knowledge regarding the internal secretions in general practice.

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